

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000079683**1. Entity Name
ANNIE'S DREAM ICE CREAM INC.

Principal Place of Business	Mailing Address
19 SEAVIEW CIRCLE	19 SEAVIEW CIRCLE
BOYNTON BEACH FL 33435	BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0905279

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**DEPAMPHILIS DONALD**
39 SEAVIEW CIRCLE**BOYNTON BEACH FL 33435 US****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ **04/16/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	SD	<input type="checkbox"/> Delete
NAME	CRAVEN MARK	
STREET ADDRESS	55 TROPIC DR	
CITY-ST-ZIP	DELRAY BCH FL 33483	

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAVEN MARK	
STREET ADDRESS	19 SEAVIEW CIR	
CITY-ST-ZIP	BOYNTON BCH FL 33435	

TITLE	VD	<input type="checkbox"/> Delete
NAME	CRAVEN MARK	
STREET ADDRESS	55 TROPIC DR	
CITY-ST-ZIP	DELRAY BCH FL 33483	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAVEN MARK	
STREET ADDRESS	19 SEAVIEW CIR	
CITY-ST-ZIP	BOYNTON BCH FL 33435	

TITLE	TD	<input type="checkbox"/> Delete
NAME	DEAMPHILIS DON	
STREET ADDRESS	39 SEAVIEW CIR	
CITY-ST-ZIP	BOYNTON BCH FL 33435	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPAMPHILIS DON	
STREET ADDRESS	39 SEAVIEW CIR	
CITY-ST-ZIP	BOYNTON BCH FL 33435	

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEPAMPHILIS DONALD	
STREET ADDRESS	39 SEAVIEW CIR	
CITY-ST-ZIP	BOYNTON BCH FL 33435	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPAMPHILIS DONALD	
STREET ADDRESS	39 SEAVIEW CIR	
CITY-ST-ZIP	BOYNTON BCH FL 33435	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK CRAVEN

VD

04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)