

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092839

1. Entity Name

BERT & ERNIE'S ICE CREAM, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90803 018 ***150.00

Principal Place of Business 2415 N. MONROE ST. FC9 TALLAHASSEE FL 32303	Mailing Address 2415 N. MONROE ST. FC9 TALLAHASSEE FL 32303-4135
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3543216	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SULLIVAN, ASHLI 2626 E. PARK AVE. #21103 TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Arthur House & Bert & ERNIE'S Street Address (P.O. Box Number is Not Acceptable) 2415 N. MONROE # FC-9 Tallahassee Mall City Tallahassee FL Zip Code 32303
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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 Arthur House (NOTE: Registered Agent signature required when reinstating) DATE 3-04-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, ASHLI 2626 E. PARK AVE., 15-C TALLAHASSEE FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARTHUR House 639 FULTON Rd # 86 TALLAHASSEE FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: ARTHUR House Date 2-28-00 Daytime Phone # 850-386-5393

CR2E034 (9/99)