

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094699

1. Entity Name

IL GELATO NO.2, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90055 006 ***150.00

Principal Place of Business

Mailing Address

236 MIRACLE STRIP PARKWAY
FT. WALTON BEACH FL 32548

236 MIRACLE STRIP PARKWAY
FT. WALTON BEACH FL 32548

2. Principal Place of Business

5100 N. 9th Ave

3. Mailing Address

236 MIRACLE STRIP PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pensacola, FL

City & State

FT. Walton Beach FL

4. FEI Number

59-3564563

Applied For

Not Applicable

Zip

Country

32504-8735

USA

Zip

Country

32548

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLEET, H.BART
1201 EGLIN PARKWAY
SHALIMAR FL FL325-79

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TREMOLINI, GUIDO	
STREET ADDRESS	236 MIRACLE STRIP PARKWAY	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARONI, SIMONA	
STREET ADDRESS	236 MIRACLE STRIP PARKWAY	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-29-00

850-243-5455

CR2E034 (9/99)