2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State
05-26-2000 90085 034 ***150.00

DOCUMENT # P98000105494

1. Entity Name
STRACHAN'S OLD FASHIONED ICE CREAM, INC.
STRACHAN'S HOMEMADE ICE CREAM, INC.

Principal Place of Business	Mailing Address
195 DEMPSEY ROAD PALM HARBOR FL 34683	195 DEMPSEY ROAD PALM HARBOR FL 34683-5278

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
105 ALTERNATE 19 N.	105 ALTERNATE 19 N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM HARBOR, FL	City & State: PALM HARBOR, FL
Zip: 34683 Country: US	Zip: 34683 Country: US

4. FEI Number 59-3550590 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FISHMAN, STEVEN M ESQUIRE
3135 S.R. 580, SUITE 11
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name: SUSAN STRACHAN
Street Address (P.O. Box Number is Not Acceptable): 105 ALTERNATE 19 N.
City: PALM HARBOR FL Zip Code: 34683

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: Susan J. Strachan CO-OWNER — DATE: 3-1-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STRACHAN, SUSAN J		NAME	
STREET ADDRESS	195 DEMPSEY ROAD		STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: Susan J. Strachan — Date: 3-1-00 — Daytime Phone #: 727-781-0997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR