

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90017 044 ***150.00

DOCUMENT # P98000105494

1. Entity Name

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**

2. Principal Place of Business

3. Mailing Address

105 ALTERNATE 19N
 Suite, Apt. #, etc.

105 ALTERNATE 19N
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PALM HARBOR, FL.

City & State
PALM HARBOR, FL

4. FEI Number **59-3550590**

Applied For
 Not Applicable

Zip Country
34683

Zip Country
34683 PINELLAS

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **STRACHAN, SUSAN J.**

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

105 ALTERNATE 19N.

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, Pres.* 1-9-01
 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 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|--------------------------|-------------------------|-----------------------------|---|------|----------------|-------------|
| | D | | | <input type="checkbox"/> Delete | | | |
| | STRACHAN, SUSAN J | 195 DEMPSEY ROAD | PALM HARBOR FL 34683 | | | | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

*I requested that the registered agent and the address be changed last year but it wasn't done. Please make appropriate changes. Thank you.
 Susan Strachan*

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* 1-9-01 727-781-0997
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)