

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0139410

DOCUMENT # P99000034627

1. Entity Name

THAT'S ITALIAN ICE COMPANY, INC.

05-16-2001 90210 009 ***150.00

Principal Place of Business

5520 NW 50TH WAY
 COCONUT CREEK FL 33073

Mailing Address

5520 NW 50TH WAY
 COCONUT CREEK FL 33073

2. Principal Place of Business

6813 NW 63rd Way
 Suite, Apt. #, etc.

3. Mailing Address

6813 NW 63rd Way
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Parland FL

City & State

Parland FL 33067

4. FEI Number

65-0922206

Applied For

Not Applicable

Zip

33067

Country

U.S.A.

Zip

33067

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNNER, JAMES
 5520 NW 50TH WAY
 COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name James Brunner
 Street Address (P.O. Box Number is Not Acceptable)
6813 NW 63rd Way
 City Parland FL Zip Code 33067

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]
 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

TITLE ☐ Delete
 NAME **D BRUNNER, JAMES**
 STREET ADDRESS **5520 NW 50TH WAY**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☒ Delete
 NAME **D TRIGONIS, MICHAEL**
 STREET ADDRESS **5520 NW 50TH WAY**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)