

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90019 013 \*\*\*550.00

**DOCUMENT # P99000095097**

1. Entity Name  
**COASTAL CUSTARD ICE CREAM TREATS, CORP.**

Principal Place of Business  
**138 PALM COAST PARKWAY E #263  
 PALM COAST FL 32137**

Mailing Address  
**138 PALM COAST PARKWAY E #263  
 PALM COAST FL 32137**

**A0076927**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**146 Palm Coast Pkwy**  
 Suite, Apt. #, etc.

3. Mailing Address  
**146 PALM COAST PKWY**  
 Suite, Apt. #, etc.

City & State  
**Palm Coast FL**

City & State  
**PALM COAST FL**

4. FEI Number  
**59-360-5579**

Applied For  
 Not Applicable

Zip  
**32137**

Country  
**FLAOR**

Zip  
**32137**

Country  
**FLAOR**

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**

**SHELDRAKE, LINDA C**  
**138 PALM COAST PARKWAY E #263  
 PALM COAST FL 32137**

Name **SHELDRAKE LINDA C**

Street Address (P.O. Box Number is Not Acceptable)  
**146 PALM COAST PKWY**

City **PALM COAST** FL Zip Code **32137**

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 *Linda C. Sheldrake*  
 Signature, typed or printed name of registered agent and title if applicable.

**8-2-2000**  
 DATE

(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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **PVST**  Delete  
 NAME **SHELDRAKE, LINDA C**  
 STREET ADDRESS **138 PALM COAST PARKWAY E #263**  
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **PVST**  Change  Addition  
 NAME **SHELDRAKE LINDA C**  
 STREET ADDRESS **146 PALM COAST PARKWAY**  
 CITY-ST-ZIP **PALM COAST FL. 32137**

TITLE **D**  Delete  
 NAME **SHELDRAKE, LINDA C**  
 STREET ADDRESS **138 PALM COAST PARKWAY E #263**  
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **D**  Change  Addition  
 NAME **SHELDRAKE LINDA C**  
 STREET ADDRESS **146 PALM COAST PARKWAY**  
 CITY-ST-ZIP **PALM COAST FL. 32137**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as required, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda C. Sheldrake*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



*Only Change is Business Address*



**Prevention is the best intervention™**  
 Please see accompanying Prescribing Information  
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CR2E034 (5/00)