

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095097

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

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

09-12-2000 90019 013 ***550.00

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 Country
32137 FLA

Zip Country
32137 FLA

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

RotaShield®
Rotavirus Vaccine,
Live, Oral, Tetravalent

*Only Change is
Business Address*



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 changed, 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

Prevention is the best intervention™
Please see accompanying Prescribing Information
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Date / / Daytime Phone #

CR2E034 (5/00)