

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098579

1. Entity Name

SIBLINGS ICE CREAM ENTERPRISES, INC.

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90301 008 \*\*\*150.00

Principal Place of Business

8828 PLANTERS LN.  
NEW PORT RICHEY FL 34654

Mailing Address

8828 PLANTERS LN.  
NEW PORT RICHEY FL 34654

2. Principal Place of Business

7236 SR 52

Suite, Apt. #, etc.

SUITE #5

City & State

HUDSON FLA.

Zip

34667

Country

PASCO

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3607687

Applied For

Not Applicable

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

COMBS, JO ANN  
8828 PLANTERS LN.  
NEW PORT RICHEY FL 34654

Name

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

City

FL

Zip Code

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, 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 D ☐ Delete  
NAME COMBS, JO ANN  
STREET ADDRESS 8828 PLANTERS LN.  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

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

TITLE PD ☐ Delete  
NAME COMBS, JOANN  
STREET ADDRESS 8828 PLANTERS LANE  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

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

TITLE T ☐ Delete  
NAME COMBS, STEVEN  
STREET ADDRESS 8828 PLANTERS LANE  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

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

TITLE S ☐ Delete  
NAME JAY, RACHEL  
STREET ADDRESS 7948 HATHAWAY DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE ☒ Change ☐ Addition  
NAME JAY, RACHEL  
STREET ADDRESS 7911 HARDWICK DRIVE APT. 42  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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 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:

*JoAnn Combs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JoAnn Combs

Date

Daytime Phone #

CR2E034 (10/00)