

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90397 017 ***150.00

DOCUMENT # P99000098579

1. Entity Name

SIBLINGS ICE CREAM ENTERPRISES, INC.

Principal Place of Business

7236 SR 52

STE: #5

HUDSON FL 34667

Mailing Address

8828 PLANTERS LN.

NEW PORT RICHEY FL 34654

2. Principal Place of Business

3. Mailing Address

6035 SEA RANCH DRIVE

Suite Apt. #, etc.

502

City & State

City & State

HUDSON FLA.

Zip

Country

Zip

34667

Country

PASCO

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)

6035 SEA RANCH DRIVE

SUITE 502

City

HUDSON

FL

Zip Code

34667

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, 2002 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 **6035 SEA RANCH DRIVE SUITE 502**
STREET ADDRESS **HUDSON FLA. 34667**
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 **6035 SEA RANCH DRIVE SUITE 502**
STREET ADDRESS **HUDSON FLA. 34667**
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 **6035 SEA RANCH DRIVE SUITE 502**
STREET ADDRESS **HUDSON FLA. 34667**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **JAY, RACHEL**
STREET ADDRESS **7911 HARDWICK DRIVE APT 423**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

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

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 life empowered.

SIGNATURE:

JoAnn Combs **4/9/2002** **727-863-0149**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)