2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000102966** May 15, 2000 8:00 am Secretary of State PENNY LANE ICE CREAM 'N MORE, INC. 05-15-2000 90192 012 ***150.00 Principal Place of Business Mailing Address 5771...RENNEY-ROAD 5771 BENNEY ROAD JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address PO Box 56351 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Not Applicable Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE BARNSBACK, TERRY NAME NAME STREET ADDRESS **5771 BENNEY ROAD** STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-7IP ☐ Addition TITLE Change ☐ Delete TITLE BARNSBACK, TIMOTHY NAME NAME STREET ADDRESS **5771 BENNEY ROAD** STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST: ZIP Change ☐ Addition ☐ Delete TITLE KOHNEN, DEONNA NAME STREET ADDRESS 5771 BENNEY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 Change STD ☐ Addition ☐ Delete TITLE BARNSBACK, PENNY NAME NAME **5771 BENNEY ROAD** STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS 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 a other like empowered.

SIGNATURE:

BARUSBACK

4-26-00

733-6315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR