2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **P99000104323** Apr 10, 2000 8:00 am Secretary of State JEREMIAH'S ORIGINAL ICE CREAM, INC. 04-10-2000 90012 042 ***150.00 Principal Place of Business Mailing Address 7401 KEY LARGO DRIVE APT 1423 7401 KEY LARGO DRIVE APT 1423 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address 510 N. Orlando Ave Suite, Apt. #, etc. Suite, Apt. #, etc. ج ن ٰ 7 ف Applied For 4. FEI Number City & State City & State Not Applicable Win Ter Par \$8.75 Additional Country-Zip Zip 5. Certificate of Status Desired Fee Required 32789 oranae 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LITWACK, JEREMY M Street Address (P.O. Box Number is Not Acceptable) 7401 KEY LARGO DRIVE APT 1423 WINTER PARK FL 32792 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Presdent ☐ Change Addition TITLE 1000 ☐ Delete TITLE Jenemy M. LiTwack 7401 Key Largo Dr. NAME NAME STREET ADDRESS STREET ADDRESS WinterPark FL CITY-ST-ZIP CITY-ST-ZIP Director Litwack Popald Thidge Court Change **★** Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Cherry Hill NJ. Director 08003 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE ELaine LiTuack NAME NAME 10 Partridge court STREET ADDRESS STREET ADDRESS Chenny Hill N.S 08003 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted 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.