

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V43562

1. Entity Name

PHILLY'S FAMOUS WATER ICE, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90013 013 ***150.00

Principal Place of Business

Mailing Address

3802 B SOUTH DALE MABRY
TAMPA FL 33611
US

3802 B. SOUTH DALE MADRY
TAMPA FL 33611
US

2. Principal Place of Business

4810 W Dr MLK Jr Blvd

3. Mailing Address

4810 W Dr MLK Jr Blvd

Suite, Apt. #, etc.

Suite G

Suite, Apt. #, etc.

Suite G

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33614

Country

US

Zip

33614

Country

US

4. FEI Number

59-3150603

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

LAPIN, MAXWELL
1020 NORMANDY TRACE
TAMPA FL 33602

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)

Maxwell Lapin, Secretary 2/3/00

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS PLOTKIN, ALEXANDER
CITY-ST-ZIP 2401 BATSHORE BLVD APT 611
TAMPA FL 33629

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS Plotkin, Alexander
CITY-ST-ZIP 345 Bayshore Blvd, Apt 813
Tampa, FL 33606

TITLE ☐ Delete
NAME S
STREET ADDRESS LAPIN, MAXWELL
CITY-ST-ZIP 1020 NORMANDY TRACE
TAMPA FL 33602

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maxwell Lapin Secretary 2/3/00 813-353-8045

Date

Daytime Phone #

CR2E034 (9/99)