

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90098 046 ***150.00

DOCUMENT # F99000001462

1. Entity Name

PREMIUM ICE CREAM OF AMERICA, INC.

Principal Place of Business

Mailing Address

**55 SO. MANNING BLVD.
ALBANY NY 12203****55 SO. MANNING BLVD.
ALBANY NY 12203-1719**

C0037953



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

372A St. Armands Circle

3. Mailing Address

100 Apple Tree Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Clifton Park, NY

4. FEI Number

14-1803924

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

12065

Country

USA5. 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

**HAMERLING, BARRY
4976 BOCAIRE BLVD.
BOCA RATON FL 33487**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**CP
HAMERLING, BARRY
4976 BOCAIRE BLVD.
BOCA RATON FL 33487**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**W
JOYNT, F. WILLIAM
55 SO. MANNING BLVD.
ALBANY NY 12203**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
ROSENFELD, PETER
100 APPLE TREE LANE
CLIFTON PARK NY 12065**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change☐ Addition

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

Date

Daytime Phone #

F. William Joynt**3/8/00****575-2730**