

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90073 031 \*\*\*150.00

**DOCUMENT # J18153**  
 1. Entity Name  
**YUMMY BOXES, INC.**

Principal Place of Business  
**2331 OAK TERRACE**  
**SARASOTA FL 34231-4423**  
**US**

Mailing Address  
**% NEVIN A. WEINER, P.A.**  
**46 NORTH WASHINGTON BOULEVARD SUITE ONE**  
**SARASOTA FL 34236**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**100 Wallace Avenue**  
 Suite, Apt. #, etc.  
**#100**  
 City & State  
 Zip  
**34237**

4. FEI Number **59-2687093** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WEINER, NEVIN A.**  
**46 NORTH WASHINGTON BOULEVARD**  
**SUITE ONE**  
**SARASOTA FL 34236**

7. Name and Address of New Registered Agent  
 Name  
**NEVIN A. WEINER, P.A., ATTORNEY AT LAW**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 WALLACE AVE.**  
**SUITE 100**  
 City **SARASOTA** FL Zip Code **34237**

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 NEVIN A. WEINER, P.A. DATE 4/30/02  
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 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	FISHER-MATHEWS, STEPHANIE	
STREET ADDRESS	2231 OAK TERRACE	
CITY-ST-ZIP	SARASOTA FL 34231-4423	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FISHER, FLORENCE	
STREET ADDRESS	1761 SANDALWOOD DRIVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Stephanie Mathews* President Date April 30, 2002 Daytime Phone # 941-922-2787

CR2E034 (9/01)