2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000091308**

1. Entity Name
JILL'S CHOCOLATE FACTORY, INC.

Principal Place of Business	Mailing Address
850 A1A BEACH BLVD., #126	850 A1A BEACH BLVD., #126
ST. AUGUSTINE BCH FL	ST. AUGUSTINE BCH FL
32080	32080

2. Principal Place of Business	3. Mailing Address
2700 STATE ROAD 16	2700 STATE ROAD 16
Suite, Apt. #, etc.: SUITE 802A	Suite, Apt. #, etc.: SUITE 802A
City & State: ST. AUGUSTINE FL	City & State: ST. AUGUSTINE FL
Zip: 32092 Country:	Zip: 32092 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2267981** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GREENO DIANA
850 A1A BEACH BLVD., #126
ST. AUGUSTINE BCH FL
32080

7. Name and Address of New Registered Agent

Name
GREENO DIANA MMS.
Street Address (P.O. Box Number is Not Acceptable)
850 A1A BEACH BLVD.
#126
City
ST. AUGUSTINE BCH **FL** Zip Code 32080

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 **DIANA M. GREENO** 07/07/2001
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, 2001 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	D	☐ Delete
NAME	GREENO JILLIAN	
STREET ADDRESS	850 A1A BEACH BLVD., #126	
CITY-ST-ZIP	ST. AUGUSTINE BCH FL 32080	
TITLE	PD	☐ Delete
NAME	GREENO ROBERT	
STREET ADDRESS	850 A1A BEACH BLVD., #126	
CITY-ST-ZIP	ST. AUGUSTINE BCH FL 32080	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (11/00)

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: Jillian K. Greeno D 07/07/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #