FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90100 040 ***150.00

DOCUMENT # P02000088032

1. Entity Name
Evan's Patisserie, Inc.

10091201

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1415 Timberline Road	2405 Williamette Road
Suite, Apt. #, etc.: 109	Suite, Apt. #, etc.:
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32301-2 Country: USA	Zip: 32303 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0711207 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joseph Gans

Street Address (P.O. Box Number is Not Acceptable):

2405 Williamette Road

City: Tallahassee FL Zip Code: 32303

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X _____ 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where indicated) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $600.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Gans, President 2405 Williamette Road Tallahassee, FL 32303
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12. 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 4/29/03 850/893-3144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #