

# 2000 UNIFORM BUSINESS REPORT (UBR)

kg. 1062

DOCUMENT # P98000026826

1. Entity Name

CAKES ETC., INC.

FILED

00 APR 25 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2800 N. MILITARY TRAIL  
#111  
W. PALM BEACH FL 33409  
US

Mailing Address

2800 N. MILITARY TRAIL  
#111  
W. PALM BEACH FL 33409-2950  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0852203

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

REESE, MERRIE L  
11031 PERSIMMON BLVD.  
ROYAL PALM BCH FL 33411

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 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 REESE, MERRIE L  
STREET ADDRESS 11031 PERSIMMON BLVD.  
CITY-ST-ZIP ROYAL PALM BCH FL 33411

TITLE ☐ Delete  
NAME REESE, GEORGE H  
STREET ADDRESS 11031 PERSIMMON BLVD.  
CITY-ST-ZIP ROYAL PALM BCH FL 33411

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700003229737-9  
-04/28/00--01111--009  
\*\*\*\*150.00 \*\*\*\*150.00

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

TITLE ☐ Change ☐ Addition  
NAME  
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, 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 #

CR200024 (0/000)

☒ Yes, I wish to participate in the Guaranteed Corporation Annual Report Program.

Or

☐ No, I do not wish to participate and I will assume responsibility for the timely filing and payment of this annual report.

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**Special Power of Attorney**

I, Merrie Lee Reese, President of Cakes Etc, Inc, hereby grant to my Agent, Victor Lerro of Victor Lerro & Company PA the right to prepare and sign in the signature area the Florida Department of State Profit Corporation Annual Report on behalf of Cakes Etc, Inc.. This Power of Attorney shall become effective immediately, and shall continue until revoked by me in writing.

Merrie Lee Reese  
Signature

President  
Title

11/10/99  
Date

Merrie Lee Reese  
Printed name