FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91200 025 ***150.00

DOCUMENT # 147617

1. Entity Name: Premier Baking Co, Inc

DO NOT WRITE IN THIS SPACE

B0124174

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2. Principal Place of Business	3. Mailing Address
Premier Baking Co, Inc	1124 W. Garden St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL 32501	City & State: Pensacola FL 32501
Zip: 32501 Country: USA	Zip: 32501 Country: USA

4. FEI Number: 59-0550376 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: JANET T. Scotto

Street Address (P.O. Box Number is Not Acceptable): 2501 N. WHALEY AVE

City: PENSACOLA FL Zip Code: 32503

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: Janet T. Scotto 4-30-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	C	TITLE	
NAME	JANET T. Scotto	NAME	
STREET ADDRESS	2501 Whaley Ave	STREET ADDRESS	
CITY-ST-ZIP	Pensacola, FL 32503	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	Anthony P. Scotto, Jr	NAME	
STREET ADDRESS	2490 Magnolia Ave	STREET ADDRESS	
CITY-ST-ZIP	Pensacola, FL 32503	CITY-ST-ZIP	
TITLE	V.T.S.	TITLE	
NAME	Regina Wedig	NAME	
STREET ADDRESS	1340 Riviera	STREET ADDRESS	
CITY-ST-ZIP	New Orleans, La. 70122	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Scotto 4-30-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JANET SCOTTO