

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 359895

1. Entity Name

HEIDI'S BAKERY, INC.

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90018 039 ***150.00

Principal Place of Business
1850 THOMASVILLE RD
TALLAHASSEE FL 32303

Mailing Address
1850 THOMASVILLE RD
TALLAHASSEE FL 32303

A0006212



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number ~~50-1308140~~
59-3649065

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

GUTSCH, ANDREW W
1850 THOMASVILLE ROAD
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent
Name
HERNANDEZ, YORDY
Street Address (P.O. Box Number is Not Acceptable)
3780 FORSYTH WAY
City
TALLAHASSEE FL Zip Code
32308

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

YORDY HERNANDEZ
(NOTE: Registered Agent signature required when reinstating)

01/04/01
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	<input type="checkbox"/> Delete
NAME	P
STREET ADDRESS	HERNANDEZ, YORDY
CITY-ST-ZIP	3780 FORSYTH WAY TALLAHASSEE FL 32308
TITLE	<input type="checkbox"/> Delete
NAME	VPST
STREET ADDRESS	HERNANDEZ, PUCHY
CITY-ST-ZIP	3780 FORSYTH WAY TALLAHASSEE FL 32308
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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YORDY HERNANDEZ

01/04/01
Date

224-9519
Daytime Phone #

CR2E034 (10/00)