

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90077 029 \*\*\*150.00

**DOCUMENT # 416034**

1. Entity Name  
**LITTLE DUTCH BAKERY, INC.**



Principal Place of Business  
**2178 MONTANA AVE. N.E.  
ST. PETERSBURG FL 33703**

Mailing Address  
**2178 MONTANA AVE. N.E.  
ST. PETERSBURG FL 33703**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1438132**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KESSLER, DAVID  
1135 PASADENA AVENUE  
ST PETERSBURG FL**

Name **Judith Marshall De Cosmo**  
Street Address (P.O. Box Number is Not Acceptable)  
**2178 Montana Avenue NE**  
City **Saint Petersburg FL 33703-3452**

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 **Judith Marshall De Cosmo** **Judith Marshall De Cosmo** 1-07-2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **DECOSMO, JOHN B**  
STREET ADDRESS **2178 MONTANA AVE NE**  
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE **VD** ☐ Change ☒ Addition  
NAME **COURTNEY MARSHALL De Cosmo**  
STREET ADDRESS **2178 Montana Ave. NE**  
CITY-ST-ZIP **St. Petersburg, FL 33703-3452**

TITLE **STD** ☐ Delete  
NAME **DECOSMO, JUDITH M**  
STREET ADDRESS **2178 MONTANA AVE NE**  
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE **VD** ☐ Change ☒ Addition  
NAME **VALERIE De Cosmo Bakendell**  
STREET ADDRESS **2178 Montana Ave. NE**  
CITY-ST-ZIP **St. Petersburg, FL 33703-3452**

TITLE **VD** ☒ Delete  
NAME **KESLER, DAVID B**  
STREET ADDRESS **65 66TH ST SOUTH**  
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Judith Marshall De Cosmo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Judith M. De Cosmo STD**

**January 6, 2003**  
Date Daytime Phone # **(727) 525-6173**

CR2E034 (10/02)