

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90318 020 ***150.00

0618683 AT

DOCUMENT # F00000000371

1. Entity Name
ENTENMANN'S SALES COMPANY, INC.



Principal Place of Business
55 PARADISE LANE
BAY SHORE NY 11706

Mailing Address
55 PARADISE LANE
BAY SHORE NY 11706



2. Principal Place of Business

55 Paradise Ln
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Bay Shore NY

City & State

SAME

Zip *11706* **Country** *USA*

Zip *SAME* **Country** *SAME*

4. FEI Number **11-3519173**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **EASTMAN, MERRILL E**
STREET ADDRESS **55 PARADISE LANE**
CITY-ST-ZIP **BAY SHORE NY 11706**

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

TITLE **VTD** ☐ Delete
NAME **PETERSEN, WILLIAM**
STREET ADDRESS **55 PARADISE LANE**
CITY-ST-ZIP **BAY SHORE NY 11706**

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

TITLE **V** ☐ Delete
NAME **LANG, KEVIN W**
STREET ADDRESS **55 PARADISE LANE**
CITY-ST-ZIP **BAY SHORE NY 11706**

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

TITLE **V** ☐ Delete
NAME **LOSCHMANN, CHARLES W**
STREET ADDRESS **55 PARADISE LANE**
CITY-ST-ZIP **BAY SHORE NY 11706**

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

TITLE **V** ☐ Delete
NAME **PENNY, FRED**
STREET ADDRESS **55 PARADISE LANE**
CITY-ST-ZIP **BAY SHORE NY 11706**

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

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 address with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF FRED PENNY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03
Date

Daytime Phone #

CR2E034 (10/02)