

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F00000002470**1. Entity Name  
**OLD STYLE CAKES, INC.****FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90029 021 \*\*\*150.00

Principal Place of Business

20423 STATE ROAD 7-#F6-347  
BOCA RATON FL 33498-6797

Mailing Address

20423 STATE ROAD 7-#F6-347  
BOCA RATON FL 33498-6797

004575



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**PO BOX 740668**

3. Mailing Address

**PO Box 740668**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Boynton Beach, FL**

City &amp; State

**Boynton Beach, FL**4. FEI Number **11-3523333**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SCHOENBERG, GERALD H  
11145 RIOS ROAD  
BOCA RATON FL 33498-1907address  
change  
only

7. Name and Address of New Registered Agent

Name **Schoenberg, Gerald H**

Street Address (P.O. Box Number is Not Acceptable)

**10382 Utopia Circle East**City **Boynton Beach** State **FL** Zip Code **33437-5545**

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

*Gerald H Schoenberg*

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/10/01**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CDS**  
**RUSSELL, DAVID**  
**1 OAK RIDGE ROAD, BLDG. 2 BOX 8B**  
**WEST LEBANON NH 03784** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**BARBIERO, ELLEN**  
**1 OAK RIDGE ROAD, BLDG. 2 BOX 8B**  
**WEST LEBANON NH 03784** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**SCHOENBERG, GERALD**  
**20423 STATE ROAD 7-#F6-347**  
**BOCA RATON FL 33498-6797** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**PO BOX 740668**  
**Boynton Beach, FL 33474-0668**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Gerald H Schoenberg* **Gerald H. Schoenberg** **1/10/01** **561-742-3330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #