

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90853 013 ***150.00

0012967
MR

DOCUMENT # F02000006149

1. Entity Name
AUNTIE ANNE'S, INC.



Principal Place of Business
160-A ROUTE 41
GAP PA 17527

Mailing Address
160-A ROUTE 41
GAP PA 17527



2. Principal Place of Business

3. Mailing Address

PO Box 529

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GAP PA

Zip

Country

Zip

Country

17527

4. FEI Number

23-2630826

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BEILER, SAMUEL R
160-A ROUTE 41
GAP PA 17527

☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
MARKLEY, GRANT S
160-A ROUTE 41
GAP PA 17527

☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BEILER, ANNE
160-A ROUTE 41
GAP PA 17527

☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BEILER, JONAS
160-A ROUTE 41
GAP PA 17527

☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Delete**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ **Delete**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: GRANT S. Markley 2-24-03 717-442-4700

CR2E034 (10/02)