

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0665661 AB

**DOCUMENT # F94000005851**



1. Entity Name  
**BRACH'S CONFECTIONS, INC.**

04-30-2003 90463 001 \*\*\*150.00  
04-30-2003 90463 002 \*\*\*\*\*8.75

Principal Place of Business  
**4120 JERSEY DR  
CHATTANOOGA TN 37421  
US**

Mailing Address  
**P O BOX 22427  
CHATTANOOGA TN 37422  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **36-3484272**  
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  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>PSD KOTECKO, KEVIN 4120 JERSEY PIKE CHATTANOOGA TN 37421</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JACOBS, ANDREAS 4120 JERSEY PIKE CHATTANOOGA TN 37421</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HAGEDORN, JAMES 4120 JERSEY PIKE CHATTANOOGA TN 37421</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DENIRO, ALLAN 4120 JERSEY PIKE CHATTANOOGA TN 37421</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TWN, DEVAN 4120 JERSEY PIKE CHATTANOOGA TN 37421</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VOLKER, MATHIAS 4120 JERSEY PIKE CHATTANOOGA TN 37421</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Mitchell, Ned 4120 Jersey Pike Chattanooga, TN 37421</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Paster, Mathias 4120 Jersey Pike Chattanooga, TN 37421</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Kuppel, Ekkehard 4120 Jersey Pike Chattanooga, TN 37421</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Haak, Charles 4120 Jersey Pike Chattanooga, TN 37421</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** James C. Hagedorn **REQUIRED** James C. Hagedorn 4/10/2003 423.899.1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)