

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F95000000737**

1. Entity Name

HOME BAKING COMPANY, INC.

**FILED**  
May 29, 2001 8:00 am  
Secretary of State

05-29-2001 90007 016 \*\*\*150.00

0564952

Principal Place of Business  
900 NORTH 16TH STREET  
BIRMINGHAM AL 35203

Mailing Address  
900 NORTH 16TH STREET  
BIRMINGHAM AL 35203

660685



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **63-0334970**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LOMBARDO, CHRIS  
2635 SPRING GLEN LANE  
APOPKA FL 32703

ENTERED

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable Registered Agent signature required when reinstating

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!**  
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	P	<input type="checkbox"/> Delete
NAME	WOOD, F. CARTER	
STREET ADDRESS	900 16TH STREET NORTH	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, BOGUE T	
STREET ADDRESS	900 16TH ST. N.	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	S	<input type="checkbox"/> Delete
NAME	VERA, STEVE	
STREET ADDRESS	900 16TH ST. N.	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TODD STONE, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	900 16th ST. N.	
STREET ADDRESS	BIRMINGHAM, AL. 35203	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowerer

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)