

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

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90141 049 ***150.00

DOCUMENT # **K12347**

1. Entity Name
P.B. BAKERY, INC.



DO NOT WRITE IN THIS SPACE

90061452

2. Principal Place of Business
8202 GLADES RD
Suite, Apt. #, etc.

3. Mailing Address
8202 GLADES RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON FL
Zip
33434 Country
USA

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BOCA RATON FL
Zip
33434 Country
USA

4. FEI Number
65-0024047
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOHNSON, LAWRENCE S.
Street Address (P.O. Box Number is Not Acceptable)
10191 W. SAMPLE RD.
Suite 201
City
CORAL SPRINGS FL Zip Code
33065

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FIORE, RANDI K. Pres.
21360 MILL BROOK CT
BOCA RATON, FL 33498

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST PECHTER, KARL
21836 CYPRESS PALM CT.
BOCA RATON, FL 33428

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Randi Fioe Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03 **561-488-0323**
Date Daytime Phone #

CR2E034B (12/02)