

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K67771

1. Entity Name

FROZEN TREATS DISTRIBUTION CO.

Principal Place of Business

108 BAYWOOD AVE  
#104  
LONGWOOD FL 32750  
US

Mailing Address

% MARCIA L. JOCHIM  
200 MAITLAND AVE #101  
ALTAMONTE SPRINGS FL 32701-5529

2. Principal Place of Business

5449 BENCHMARK LN

3. Mailing Address

Suite, Apt. #, etc.

# 101

City & State

SANFORD FL

City & State

Zip

32773

Country

U.S.

Country

4. FEI Number

59-2943965

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOCHIM, MARCIA L  
200 MAITLAND AVE  
SUITE 101  
ALTAMONTE SPRINGS FL 32701

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input type="checkbox"/> Delete
NAME	JOCHIM, MARCIA L	
STREET ADDRESS	200 MAITLAND AVE #101	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
TITLE	PST	<input type="checkbox"/> Delete
NAME	JOCHIM, MARCIA L	
STREET ADDRESS	200 MAITLAND AVE #101	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
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		
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	<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	
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 an other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Daytime Phone #

407 831-9757

07-12-2001 90119 044 \*\*\*150.00

K67771

FILED

01 OCT 16 PM 5:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
00073107

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K67771**  
1. Corporation Name  
**FROZEN TREATS DISTRIBUTION CO.**

I MAILED MY CHECK  
AND APPLICATION IN ON  
4/30/01 FOR \$150 - MY  
CHECK WAS CASHED.  
I HAVE NOT HEARD ANY  
THING. I HAVE ALREADY