

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000208

1. Entity Name

ALL OCCASION CAKES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 27 AM 11:02

Principal Place of Business

1662 EL CAMINO ROAD, #3
JACKSONVILLE FL 32216

Mailing Address

P.O. BOX 19766
JACKSONVILLE FL 32245-9766

2. Principal Place of Business

1662 El Camino Rd

3. Mailing Address

P.O. Box 54281

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#3

City & State

Jax, FL

City & State

Jax, FL

Zip

32216

Country

US

Zip

32245

Country

US

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, ROGER D

1662 EL CAMINO ROAD, #3
JACKSONVILLE FL 32216

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600003414306--9
-10/05/00--01019--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger Sanders, 'MGRM'
STREET ADDRESS	1662 El Camino Rd #3
CITY-ST-ZIP	Jax, FL 32216
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	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Roger Sanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/24/00

Date

904-721-5882

Daytime Phone #

CR2E083 (5/00)