

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L28661

1. Entity Name

CAKE, CAKE AND MORE CAKE, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90082 003 \*\*\*150.00

Principal Place of Business

Mailing Address

4516 HOFFNER AVE  
 ORLANDO FL 32812  
 US

4516 HOFFNER AVE  
 ORLANDO FL 32812-2304  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2975303**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Keith Hesse  
 F & L CORP.  
 200 LAURA STREET - 3RD FLOOR  
 JACKSONVILLE, 32201

Name **Carlton Fields % K. Hesse**  
 Street Address (P.O. Box Number is Not Acceptable)  
**255 S. Orange Ave**  
**Suite 1660**  
 City **Orlando** **FL** Zip Code **32801**

**SAME agent - different firm**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **DPS**  
 STREET ADDRESS **BISHOP, JUDITH A.**  
 CITY-ST-ZIP **2701 RAEFORD COURT**  
**ORLANDO FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 empowered.

SIGNATURE: 

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**Judith Bishop** **4/25/00** **407**  
**438-2253**

Date

Daytime Phone #

CR2E034 (9/99)