FILED
Jun 09, 2003 8:00 am
Secretary of State
06-09-2003 90107 011 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L50358

1. Entity Name
K.P. CAKE, INC.

DO NOT WRITE IN THIS SPACE

90138839

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
1515 RINGLING BLVD #690	1515 RINGLING BLVD #690	
Suite, Apt. #, etc. NORTHERN TRUST BANK	Suite, Apt. #, etc. NORTHERN TRUST BANK	
City & State SARASOTA, FL	City & State SARASOTA, FL	4. FEI Number 65-0203443 ☐ Applied For ☐ Not Applicable
Zip / Country 34236	Zip / Country 34236	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
WEISMAN, KIRK OWEN

Street Address (P.O. Box Number is Not Acceptable)
1515 RINGLING BLVD., #690

NORTHERN TRUST BANK

City: SARASOTA FL Zip Code: 34236

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	WEISMAN, KIRK
STREET ADDRESS	1515 RINGLING BLVD., #690
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	
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CR2E034B (12/02)

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: KIRK WEISMAN 4/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1