

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90004 047 ***150.00

0125076

DOCUMENT # P00000011146

1. Entity Name

AMERICAN PIE PB, INC.

Principal Place of Business

3204 BEACON STREET
POMPANO BEACH FL 33062

Mailing Address

3204 BEACON STREET
POMPANO BEACH FL 33062

940433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65 0980740

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILSON, DAVID A
5025 WEST LEMON STREET
TAMPA FL 33609

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

Laura Gardner

4/3/01

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 \$150.00 999
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, LAURA 3204 BEACON STREET POMPANO BEACH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Laura Gardner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
940453
#P00000011146

AMERICAN PIE PB, INC.

FEDERAL IDENTIFICATION NUMBER 65-0980740

A STATEMENT ATTACHED TO AND MADE PART OF
2001 UNIFORM BUSINESS REPORT

The foregoing tax return was prepared by the undersigned or under his/her direction. The facts stated therein were obtained from the taxpayer's records and other sources considered to be reliable and are believed to be true and correct.



Representative of
HORNE CPA GROUP
11259 Highway 63 S.
Lucedale, Mississippi 39452
EIN: 64-0591209

Preparer's SS#: POO211868

Date: 3/9/01