

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

06-21-2001 90004 026 ***150.00
 07-10-2001 90005 024 ***400.00

LOUISIANA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000013301

1. Entity Name
 BITS & PIECES OF CFE INC.

Principal Place of Business
 10046 RIVERS TRAIL DRIVE
 ORLANDO FL 32817

Mailing Address
 10046 RIVERS TRAIL DRIVE
 ORLANDO FL 32817

2. Principal Place of Business

659 S Goldenrod Rd
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3629944

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOCH, LINDA M
 10046 RIVERS TRAIL DRIVE
 ORLANDO FL 32817

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 NAME ☐ Delete

STREET ADDRESS

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS

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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 *Linda M Koch* Linda M Koch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/01

407-277-0713

Daytime Phone

CRE034 (10/00)

Attachment Doc # P00000013301

C0072175

B0059877

June 13, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 2001 Uniform Business Report / Bits & Pieces of CFL, Inc.

Dear Gentlemen:

The enclosed report is being filed late due to my father being hospitalized on three different occasions, beginning in March. He was admitted to the hospital with pneumonia, then double pneumonia and finally aspirating pneumonia and a staff infection. Between admissions to the hospital he resided in two different nursing homes.

You would think things were difficult enough, but things got even worse with my stepmother having dementia. We could not leave her alone and finally had to have her children take her to New York with them. She is now in a nursing home up north.

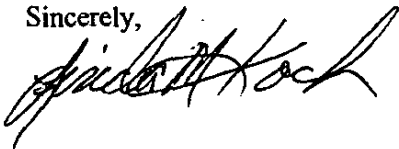
I then had to clear out all the contents of their apartment since it was evident that neither one would be living there any longer.

Between visiting my father in the hospital and nursing home and arranging to have my step mother taken care of, I completely forgot to file this report by the May 1 deadline. I am requesting that the \$400.00 late fee be waived due to these unfortunate circumstances.

My father passed away on June 2, 2001 and was buried on June 8 in Connecticut.

I appreciate your consideration in this matter. If you may require additional details I would be glad to supply them.

Sincerely,



Linda M. Koch
President / Bits & Pieces of CFL, Inc.