

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90064 015 \*\*\*150.00

0473528 AV

**DOCUMENT # P00000049890**

**1. Entity Name**  
**PLACID PASTRY SHOPPE, INC.**

**Principal Place of Business**  
**245 E. INTERLAKE BLVD.**  
**LAKE PLACID FL 33852**

**Mailing Address**  
**245 E. INTERLAKE BLVD.**  
**LAKE PLACID FL 33852**

**2. Principal Place of Business**  
**341 E. INTERLAKE BLVD.**

**3. Mailing Address**  
**341 E. INTERLAKE BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**LAKE PLACID, FL**

**City & State**  
**LAKE PLACID, FL**

**4. FEI Number** **65-1015463**

☐ **Applied For**  
☐ **Not Applicable**

**Zip**  
**33852**

**Country**  
**U.S.A.**

**Zip**  
**33852**

**Country**  
**U.S.A.**

**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**

**GRAY, WALTER**  
**126 DAL HALL BLVD.**  
**LAKE PLACID FL 33852**

**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, 2002 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**

|  |  |                                 |
|--|--|---------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>PD</b><br><b>TARDIFF, BARBARA</b><br><b>406 CLARK AVENUE</b><br><b>LAKE PLACID FL 33852</b> | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>VD</b><br><b>HAND, ROBERT</b><br><b>1606 CEDAR STREET</b><br><b>LAKE PLACID FL 33852</b>    | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>SD</b><br><b>HAND, DEBORAH</b><br><b>1606 CEDAR STREET</b><br><b>LAKE PLACID FL 33852</b>   | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>TD</b><br><b>TARDIFF, HENRY</b><br><b>406 CLARK AVENUE</b><br><b>LAKE PLACID FL 33852</b>   | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Delete |

|  |  |   |
|--|--|---|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <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:**

*Barbara A. Tardiff*

**4-05-02**

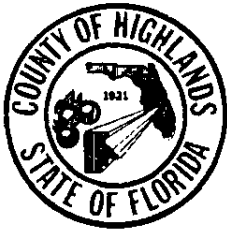
**863-465-3814**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (9/01)



*Attachment to Deed*

*P00000649890  
628735*

**HIGHLANDS COUNTY**  
**BOARD OF COUNTY COMMISSIONERS**

**OFFICIAL NOTIFICATION**

DATE: FEBRUARY 7, 2001  
NAME: PASTRY SHOPPE  
STRAP NUMBER: P 31 36 30 030 0040 0150  
PRESENT ADDRESS: 245 East Interlake Blvd, Lake Placid, Fl 33852  
TELEPHONE: (863) 465-3814  
CORRECTED ADDRESS: 341 East Interlake Blvd, Lake Placid, Fl 33852

The address noted above is directly related to Highlands County's E-911 System. Posting the assigned number will expedite emergency response.

The emergency agencies have been informed of the address change. You will need to let others know.

The Lake Placid Post Office will deliver to both addresses for up to one year giving time for notifying those you correspond with.

Thank you for your cooperation in this matter. If you have any questions, please call us at. ---  
(863) 402 6715.

Ben Henley/Jackie Wilson  
E-911 Coordinator's Office

*(JW)*