

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-10-2001 90074 014 ***150.00

DOCUMENT # P00000085861

1. Entity Name
THE FLORIDA CRACKER COOKIE COMPANY

Principal Place of Business

Mailing Address

4536 MISTY MORN CIRCLE
 ORLANDO FL 32812

4536 MISTY MORN CIRCLE
 ORLANDO FL 32812

4546 S. Semoran Blvd #516
 Orlando, FL 32822



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4546 S. Semoran Blvd
 Suite, Apt. #, etc.
 #516

4546 S. Semoran Blvd
 Suite, Apt. #, etc.
 #516

City & State

City & State

Orlando FL

Orlando FL

Zip

Country

Zip

Country

32822 Orange

32822 Orange

4. FEI Number

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BIXCORP INTERNATIONAL INC.
 4400 PGA BLVD.
 SUITE 700
 PALM BEACH GARDENS FL 33410

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D BEASLEY, MARY
 4536 MISTY MORN CIRCLE
 ORLANDO FL 32812
 4546 S. Semoran Blvd #516
 Orlando, FL 32822

TITLE
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☐ Change ☐ 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:

Mary Beasley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 3, 2001 407-929-1775
 Date Daytime Phone #

CR2E034 (10/00)