FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1. Entity Nam	MENT # N DOUGH, I		087617	<u>(</u>		Jul 25, 2001 8 Secretary of 07-25-2001 90006 018 *	State	ı m e	
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Sulio, Apt. 4, etc. Sulio, Ap						662574639				
Suite, Apt. 4, etc. City & State Chy & State Country Suite and Address of New Registered Agent Name Name Name Netwell, ESO, JAMES S 1641 NW 63PD AVE SURNISE FL 33313 City FL Zip Coole Suite Address (P.O. Box Number is Not Acceptable) Survey Address (P.O. Box Number is Not Acceptable) Survey Address (P.O. Box Number is Not Acceptable) Survey Address (P.O. Box Number is Not Acceptable) FLE Tap Coole Suite Address (P.O. Box Number is Not Acceptable) FLE Tap Coole Tax fing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 After September 12, 2001 Fee will be \$750.00 After September 15 2, 2001 Fee will be \$750.00 After Septemb								ANT 1 3 A nd 1 8 A nd 1		
City & State Name and Address of Current Registered Agent Name NetWELL ESO., JAMES S 1641 NW 83RD AVE. SUNNISE FL 33313 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 Growth or find proquisement and elects to do so. (See critical and dicties (P.O. Box Number is Not Acceptable) 11. OFFICENS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11 Make Check Payable to Department of state or required in a back of the find proquisement and elects to do so. GROSS, LOUISE OFFICENS AND DIRECTORS 11. OFFICENS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11 Make Check Payable to Department of State Company Internation Make Check Payable to Department of State Company Internation Change Addition Make Check Payable to Department of State Company Internation Change Addition Addition Make Check Payable to Department of State Company Internation Change Change Addition Make Check Payable to Department of State Company Internation Change Change Addition Make Check Payable to Department of State Change Changes Directors Tay Payable Changes Directors Tay Pay	Principal Place of Business 3. Mailing Address					<u> </u>		j!		
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S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent NEWELL, ESO., JAMES S 1641 NW SIRD AVE. SUNRISE FL 33313 Sized Address (P.O. Box Number is Not Acceptable) Sized Address (P.O. Box Number is Not Acceptable) Sized Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Signature Formula tool of contract care of implement agent and line if applicable 9. This corporation is eligible to satisfy its Intangible Tax flang requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Make SIRET ADDIESS GRY-ST-3P GROSS, LOUISE SIRET ADDIESS GRY-ST-3P GROSS, LOUISE SIRET ADDIESS GRY-ST-3P GROSS ADDIESS GRY-ST-3P GRY-ST-3P GROSS ADDIESS GRY-ST-3P GRY-ST-3P GROSS ADDIESS GRY-ST-3P GRY-ST-3P GRY-ST-3P GRADEN GRAD	City & Stat	е		City & State		4. F	4. FEI Number Applied For Not Applied For			
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1841 NW 63RO AVE. SUMRISE FL 33313 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligiple to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) PILE NOW!!! FEE IS \$550-80_150.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SITERET ADDRESS CITY-ST-ZIP TITLE NAME SITERET ADDRESS CITY-ST-ZIP SITERET					Name	Name				
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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 type of printed remained of registered agent and till of applicable (NOTE Registered Agent signature required when reinstance) DATE	SUNNISE	FL 33313			City		FL	Zip Code)	
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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		entify that the infor	mation supplied with thi	s filing does not qualify for t		in Section 1	119 07(3)(i) Florida Statutes I further cert	ifv that the in	formation	

Rolling N Dough, Inc. 8041 NW 10th Court Plantation, Florida 33322

Da Hachment Con4933

July 9, 2001

Florida Department of State Divisions of Corporation P. O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

On July 6, 2001, I received your 2001 Uniform Business Report for the first time and was shocked that I owe the State of Florida any monies - I did not receive this whenever it was mailed out. My company incorporated in late September 2000 and neither me, nor my attorney of record James Newell, received it. I called your office when I received this report and they told me to write you a letter indicating that I never received the original request for the filing of this report and to attach a check for \$150.00.

Seeing that I never received it, I am attaching a check in the amount of \$150.00 for the filing of this report. Please note that the address is correct for mail coming to the business. I also have a Post Office box that receives mail, which is P. O. Box 15654, Plantation, Florida 33318-5654.

Again, at no time did we receive this report to be filed so, therefore, I am attaching a check in the amount of \$150.00.

Sincerely.

Louise Gross President