

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091308

1. Entity Name
JILL'S CHOCOLATE FACTORY, INC.

Principal Place of Business

2700 STATE ROAD 16
SUITE 802A
ST. AUGUSTINE FL 32092

Mailing Address

2700 STATE ROAD 16
SUITE 802A
ST. AUGUSTINE FL 32092

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GREENO, DIANA M MS.
850 A1A BEACH BLVD.
#126
ST. AUGUSTINE BCH FL 32080

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

DIANA M. GREENO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/02

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

TITLE PD
NAME GREENO, ROBERT
STREET ADDRESS 850 A1A BEACH BLVD., #126
CITY-ST-ZIP ST. AUGUSTINE BCH FL 32080

☐ Delete

TITLE D
NAME GREENO, JILLIAN
STREET ADDRESS 850 A1A BEACH BLVD., #126
CITY-ST-ZIP ST. AUGUSTINE BCH FL 32080

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S
NAME GREENO, DIANA
STREET ADDRESS 850 A1A BEACH BLVD #126
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANA M GREENO

Date

Daytime Phone #

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90010 022 ***150.00

80000779



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2267981

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

0010073 AV

CR2E034 (9/01)