

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90848 022 \*\*\*150.00

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2267981

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

GREENO DIANA M.

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

512 BAREFOOT TRACE CIRCLE

City

ST AUGUSTINE

FL

Zip Code

32080

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/10/03  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE GREENO ROBERT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 512 BAREFOOT CIRCLE  
CITY-ST-ZIP ST AUGUSTINE FL 32080

TITLE GREENO JILLIAN ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 550 FLORIDA CLUB BLVD #305  
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE GREENO DIANA ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 512 BAREFOOT TRACE CIRCLE  
CITY-ST-ZIP ST AUGUSTINE FL 32080

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03  
Date

904 8264041  
Daytime Phone #

CR2E034 (10/02)