


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90222 026 ***150.00

DOCUMENT # P00000096918	
1. Entity Name HONEYBEE FROZEN YOGURT INC 12 DOGWOOD RD HOLLYWOOD, FL 33021	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12 DOGWOOD RD Suite, Apt. #, etc.	3. Mailing Address 12 DOGWOOD RD Suite, Apt. #, etc.
City & State HOLLYWOOD FL Zip 33021 Country USA	City & State HOLLYWOOD FL Zip 33021 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1061233	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name FREYDA FELLOWS	
	Street Address (P.O. Box Number is Not Acceptable) 12 DOGWOOD RD	
	City HOLLYWOOD	FL Zip Code 33021

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE PRESIDENT NAME FREYDA FELLOWS STREET ADDRESS 12 DOGWOOD RD CITY-ST-ZIP HOLLYWOOD FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Freya Fellows* **Date** Feb 7/03 **Daytime Phone #** (954) 966-0072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)