

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102392

1. Entity Name  
**COOKIEMEISTER, INC.**

Principal Place of Business  
**1277 SLASH PINE CIRCLE  
WEST PALM BEACH FL 33409**

Mailing Address  
**1277 SLASH PINE CIRCLE  
WEST PALM BEACH FL 33409**

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

**65-1052900**

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

~~BUSINESS FILINGS INCORPORATED  
1000 WEST AVENUE  
NO. 1114  
MIAMI BEACH FL 33139-0000~~

Name

**DENNIS M. HOFER**

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

**1277 SLASH PINE CIRCLE**

**WEST PALM BEACH, FL 33409**

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 **DENNIS M. HOFER**  
Signature, typed or printed name of registered agent and title if applicable.

**Dennis M. Hofer**  
(NOTE: Registered Agent signature required when reinstating)

**4-30-01**  
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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOFER, DENNIS M</b>	
STREET ADDRESS	<b>1277 SLASH PINE CIRCLE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

**4-30-01 561 688-0698**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90271 018 \*\*\*150.00

00000403



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)