


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90107 025 ***150.00

| | |
|---|---|
| DOCUMENT # P01000018905 |  |
| 1. Entity Name FLORIDA BAKERY MACHINERY CORP. | |

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|---|---|
| Principal Place of Business 1272 OCEAN SHORE DRIVE ORMOND BEACH FL 32176 | Mailing Address 1272 OCEAN SHORE DRIVE ORMOND BEACH FL 32176 |
|---|---|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|---------------------------------------|---------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
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| | |
|---|--|
| SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 | |
|---|--|



☐ CHECK HERE IF MAKING CHANGES

| | |
|---------------------------------|--|
| 4. FEI Number 59-3698264 | Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|--|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 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. 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> | <small>DATE</small> _____ |
|--|---|---------------------------|

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|---|---|
| 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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|-----------------------------------|--|---|
| TITLE PD | NAME CORTESE, JOHN | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1272 OCEAN SHORE DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP ORMOND BEACH FL 32176 | <input type="checkbox"/> Delete | CITY-ST-ZIP | |
| TITLE VD | NAME CORTESE, JANET | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1272 OCEAN SHORE DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP ORMOND BEACH FL 32176 | <input type="checkbox"/> Delete | CITY-ST-ZIP | |
| TITLE SD | NAME CORTESE, SHIRLEY A | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1272 OCEAN SHORE DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP ORMOND BEACH FL 32176 | <input type="checkbox"/> Delete | CITY-ST-ZIP | |
| TITLE TD | NAME WEBLEY, WILLIAM | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1272 OCEAN SHORE DRIVE | | STREET ADDRESS | |
| CITY-ST-ZIP ORMOND BEACH FL 32176 | <input type="checkbox"/> Delete | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

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|---|-------------------------------------|
| SIGNATURE:  | 1-14-03 386-441-0736 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |

CR2E034 (10/02)