

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000064017

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: BAKERY EQUIPMENT SERVICE CO.

Current Principal Place of Business:

9223 LIBERATOR CT
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

9223 LIBERATOR CT
SPRING HILL, FL 34609

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAUZE, JOCELYNE
9223 LIBERATOR CT
SPRING HILL, FL 34609

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAUZE, JEAN-PAUL
Address: 9223 LIBERATOR CT
City-St-Zip: SPRING HILL, FL 34609

Title: T () Delete
Name: LAUZE, JOCELYNE
Address: 9223 LIBERATOR CT
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUZE JOCELYNE

T

04/30/2002

Electronic Signature of Signing Officer or Director

_____ Date