

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90114 016 ***150.00

DOCUMENT # P01000066283

1. Entity Name
ANN'S NUT & FRUIT CAKE INC.

Principal Place of Business
 926 LAKE BISCAYNE WAY
 ORLANDO FL 32824

Mailing Address
 926 LAKE BISCAYNE WAY
 ORLANDO FL 32824

040140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 926 Lake Biscayne Way
 Suite, Apt. #, etc.

3. Mailing Address
 926 Lake Biscayne Way
 Suite, Apt. #, etc.

City & State
 Orlando, FL

City & State
 FL

4. FEI Number
 59 3734242

Applied For
 Not Applicable

Zip
 32824

Country
 ORC004

Zip
 32824

Country
 ORC004

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STEWART, ANN
 926 LAKE BISCAYNE WAY
 ORLANDO FL 32824

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ANN STEWART
 owner / President
 926 Lake Biscayne Way
 Orlando, FL 32824

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Merlene Harris
 co owner / Vice President
 4 Oakdale Dr.
 Westbury, N.Y. 11590

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 ANN STEWART

Date 4/21/02 **Daytime Phone #** 407 8521303

CR2E034 (9/01)