

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

02-13-2002 90246 029 ***150.00

41690



02/13/02 90246 029 150
 DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000078308

1. Entity Name
TWO COOKIES, INC.

Principal Place of Business
4451 HWY. 90
PAGE FL 32571

Mailing Address
4451 HWY. 90
PAGE FL 32571

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
59-3749964

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ROARK, DONALD A
1101 GULF BREEZE PKWY., STE. 119
GULF BREEZE FL 32561

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 _____ (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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE	<input type="checkbox"/> Delete	
NAME	D	
STREET ADDRESS	COOK, PAMELLA S	
CITY-ST-ZIP	5555 ALLIE RAE ST.	
	MILTON FL 32570	
TITLE	<input type="checkbox"/> Delete	
NAME	D	
STREET ADDRESS	COOK, JAMES L	
CITY-ST-ZIP	5555 ALLIE RAE ST.	
	MILTON FL 32570	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Pamella S. Cook*

CR2FR34 (9/01)



Attachment
41690

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 1, 2002

TWO COOKIES, INC.
4475 WOODBINE ROAD, SUITE 7
PACE, FL 32571

SUBJECT: TWO COOKIES, INC.
Ref. Number: P01000078308

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

An officer or director must sign the report.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 302A00046343

Attachment

41690

PO1000078308

Form **2848**

(Rev January 2002)

Department of the Treasury
Internal Revenue Service**Power of Attorney
and Declaration of Representative**

► See the separate instructions.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone () _____

Function _____

Date / / _____

Part I Power of Attorney (Type or print.)**1 Taxpayer Information.** Taxpayer(s) must sign and date this form on page 2, line 9.

Taxpayer Name(s) and Address

TWO COOKIES, INC.
MERLE NORMAN COSMETICS
4430 HIGHWAY 90, SUITE D
PACE, FL 32571

Social Security Number(s)

Daytime Telephone Number
850 995-6001

Employer Identification Number

59-3749964

Plan Number (if applicable)

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address

TIMOTHY D. WHEAT
4475 WOODBINE RD., SUITE 7
PACE, FL 32571

CAF No. 6505-60561R

Telephone No. 850 995-4050

Fax No. (850) 994-8773

Check if new: Address ☐ Telephone No. ☐

Name and address

CAF No. _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐

Name and address

CAF No. _____

Telephone No. _____

Fax No. _____

Check if new: Address ☐ Telephone No. ☐

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax Matters

Type of Tax (Income, Employment, Excise, etc) or Civil Penalty (See the instructions for line 3.)	Tax Form Number (1040, 941, 720, etc)	Year(s) or Period(s)
INCOME	1120S, 2553	2001-2003
PAYROLL	940, 941, W-3, W-2	2001-2003
FL INTANG., TANGIBLE, UBR	DR601C, DR405, UBR	2001-2003

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific uses not recorded on CAF** ☐**5 Acts authorized.** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the authority to execute a request for a tax return, or a consent to disclose tax information unless specifically added below, or the power to sign certain returns. See the instructions for **Line 5. Acts authorized**.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: _____

Note: In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub 470, for more information.**Note:** The tax matters partner of a partnership is not permitted to authorize representatives to perform certain acts. See the separate instructions for more information.**6 Receipt of refund checks.** If you want to authorize a representative named on line 2 to receive, **But Not to Endorse or Cash**, refund checks, initial here _____ and list the name of that representative below.Name of representative to receive
refund check(s) _____

Attachment

41690
PO10000 78308

Form 2848 (Rev. 12-97) TWO COOKIES, INC.

59-3749964 Page 2

7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed in line 2 unless you check one or more of the boxes below.

- a If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box ☐
- b If you also want the second representative listed to receive a copy of such notices and communications, check this box. ☐
- c If you do not want any notices or communications sent to your representative, check this box ☐

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

Pamella A. Cook

Signature

12/30/01

Date

PRESIDENT

Title (if applicable)

Print Name

Signature

Date

Title (if applicable)

Print Name

Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a Attorney – a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant – duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent – enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d Officer – a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee – a full time employee of the taxpayer.
 - f Family Member – a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - g Enrolled Actuary – enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
 - h Unenrolled Return Preparer – an unenrolled return preparer under section 10.7(c)(viii) of Treasury Department Circular No. 230.

IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.

Designation – Insert above letter (a–h)	Jurisdiction (state) or Enrollment Card No.	Signature	Date
B	FLORIDA	<i>J. Whit CPA</i>	12/19/01



TIM WHEAT
CERTIFIED PUBLIC ACCOUNTANT
A Professional Association

Attachment

41690

PO1000078308

4475 Woodbine Road, Suite 7 • Pace, Florida 32571
(850) 995-4050 • Fax (850) 994-8773
E-Mail: tim@timwheatcpa.com

August 14, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Two Cookies, Inc.
FEIN: 59-3749964

Find enclosed the signed 2002 Uniform Business Report with the Federal Identification number in block 4 as requested.

Please file this report and put the client in active status.

Please acknowledge receipt of this document by stamping the enclosed yellow copy and returning it to me in the envelope provided. If you have any questions, please contact me at (850) 995-4050, or by FAX at (850) 994-8773.

Sincerely,

Tim Wheat, CPA