

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90054 008 ***150.00

DOCUMENT # P01000086432

1. Entity Name

PARIS PASTRIES, INC.

Principal Place of Business

**2205 DAVIS BLVD
NAPLES FL 34104**

Mailing Address

**2205 DAVIS BLVD
NAPLES FL 34104**

0000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3235 LA COSTA CIR. #103

Suite, Apt. #, etc.

103

City & State

NAPLES, FL.

Zip

34105

Country

U.S.A.

3. Mailing Address

3235 LA COSTA CIR. #103

Suite, Apt. #, etc.

103

City & State

NAPLES, FL.

Zip

34105

Country

U.S.A.

4. FEI Number

59-3738772

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOSER, CHRIS G
2205 DAVIS BLVD
NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name **MOSER, CHRIS G**

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

3235 LA COSTA CIR. #103

City

NAPLES

FL

Zip Code

34105

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/02

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 **PSTD** ☒ Delete
NAME **MOSER, CHRIS G**
STREET ADDRESS **2205 DAVIS BLVD**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **MOSER, CHRIS G**
STREET ADDRESS **3235 LA COSTA CIR. #103**
CITY-ST-ZIP **NAPLES, FL. 34105**

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02

Date

(941) 777-5900

Daytime Phone #

0498410 AV

CR2E034 (9/01)