

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90397 044 ***150.00

DOCUMENT # P01000113677

1. Entity Name
DELAND BAKERY, INC.



Principal Place of Business
**128 N WOODLAND BLVD
DELAND FL 32720**

Mailing Address
**128 N WOODLAND BLVD
DELAND FL 32720**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3850093**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AVILA, ALFREDO
2462 VAUGHN AVE
DELTONA FL 32725**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **AVILA, ALFREDO**
CITY-ST-ZIP **2462 VAUGHN AVE
DELTONA FL 32725**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-02 386-734-7553

CR2E034 (10/02)

EAST SUN ENTERPRISES, INC.

955A E ALTAMONTE DR.
ALTAMONTE SPRINGS, FL 32701

February 7, 2003

80625807

Florida Department of State
P.O.BOX 6327
Tallahassee, FL 32314

~~SUBJECT: 2002-ANNUAL REPORT~~

DOCUMENT NUMBER: P02000000459

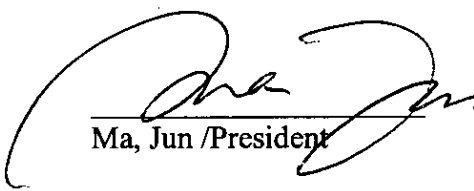
Dear Sir or Madam,

We refer to the above matter. Please note that we have not received the 2002 annual report from you until we got the forward mail recently due to the change of our address. Our current business address is 955A E Altamonte Dr., Altamonte Springs, FL 32701 and mailing address is 321 S Northlake Blvd #2138, Altamonte Springs, FL 32701. Also, we have not received 2003 Uniform Business Report. Please mail the report to our current mailing address.

Enclosed please find the check of \$150.00 for 2002 filing fees. It would be highly appreciated if you could kindly waive the penalty and correct your record.

Thank you.

Yours truly,


Ma, Jun /President