

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90150 028 ***150.00

0595641 AV

DOCUMENT # P02000029865



1. Entity Name
COOKIE CRAVINGS OF PALM HARBOR, INC.

Principal Place of Business
**474 PURPLE FINCH WAY
PALM HARBOR, FL 34683**

Mailing Address
**474 PURPLE FINCH WAY
PALM HARBOR FL 34683**



2. Principal Place of Business
1104 NEBRASKA AVE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Palm Harbor FL
Zip
34683

City & State
Country
U.S.

4. FEI Number
01-0610186
Applied For
 Not Applicable

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

**MARTELL, SUSANNE C
474 PURPLE FINCH WAY
PALM HARBOR FL 34683**

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 *Douglas A. Martell* **DOUGLAS A. MARTELL** *Secretary* **4/2/03**
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	MARTELL, SUSANNE C	474 PURPLE FINCH WAY	PALM HARBOR FL 34683	<input type="checkbox"/>	<input type="checkbox"/>
D	MARTELL, DOUGLAS A	474 PURPLE FINCH WAY	PALM HARBOR FL 34683	<input type="checkbox"/>	<input type="checkbox"/>
D	BUDD, JENNIFER L	1757 BARN OWL WAY	PALM HARBOR FL 34683	<input type="checkbox"/>	<input type="checkbox"/>
D	BUDD, KIRK M	1757 BARN OWL WAY	PALM HARBOR FL 34683	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Douglas A. Martell* **DOUGLAS A. MARTELL** *Secretary* **4/2/03** **787-7683**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CRCE034 (10/02)