

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 12, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90138 021 \*\*\*150.00

DOCUMENT # P02000030138

1. Entity Name  
AUNT JOSIE'S CHEESECAKE, INC.



Principal Place of Business  
1184 FAYETTEVILLE DR  
SPRING HILL FL 34609

Mailing Address  
1184 FAYETTEVILLE DR  
SPRING HILL FL 34609

JJ041321

2. Principal Place of Business

4066 Deltona Blvd.  
Suite, Apt. #, etc.

3. Mailing Address

4066 Deltona Blvd.  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Spring Hill

City & State

Spring Hill

4. FEI Number

04-3601383

Applied For

Not Applicable

Zip

FL

Country

34606

Zip

FL

Country

34606

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

DECRISTOFARO, KATHLEEN  
1184 FAYETTEVILLE DR  
SPRING HILL FL 34609

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, type 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
DECRISTOFARO, KATHLEEN  
1184 FAYETTEVILLE DR  
SPRING HILL FL 34609

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
DECRISTOFARO, GERALD  
1184 FAYETTEVILLE DR  
SPRING HILL FL 34609

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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:

Kathleen Decristofaro

4/28/03

352-684-7119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)