

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

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90263 001 ***150.00
07-14-2003 90263 002 ***511.25

DOCUMENT # P02000094460

1. Entity Name

SOUTHERN BAKED BEADS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5500 HARBORAGE DRIVE

Suite, Apt. #, etc.

3. Mailing Address
5500 HARBORAGE DRIVE

Suite, Apt. #, etc.

55051252

DO NOT WRITE IN THIS SPACE

City & State
FORT MYERS, FLORIDA

City & State
FORT MYERS, FLORIDA

4. FEI Number 14-1845160

Applied For
Not Applicable

Zip
33908

Country
USA

Zip
33908

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOYCE A. LANDSTEINER

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

5500 HARBORAGE DRIVE

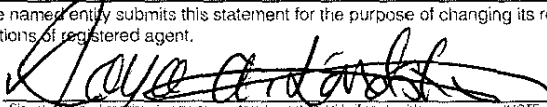
City FORT MYERS

FL

Zip Code
33908

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

(NOTE: Registered Agent signature required when transferring)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

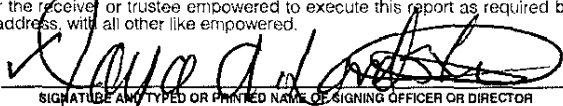
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
D P JOYCE A. LANDSTEINER 5500 HARBORAGE DRIVE			

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY (239) 454-3933

Date

Daytime Phone #

CR2E034B (12/02)