

2001 UNIFORM BUSINESS REPORT (UBR)

0596428

DOCUMENT # P93000059585

1. Entity Name

SUNSHINE PRETZEL TIME, INC.

FILED

01 JAN 29 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

63 BRANDON TOWN CENTER MALL
BRANDON FL 33511
US

Mailing Address

GOVERNOR PLAZA SOUTH. BLDG. 2
2001 N. FRONT ST., #226
HARRISBURG PA 17102
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 25-1717359

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

RICHARD TOMLINSON
463 BRANDON TOWN CENTER MALL
#528
BRANDON FL 33511

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City
Tallahassee FL Zip Code
32301

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 Bobbie Hall Bobbie Hall, Assistant Vice President 1/26/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARRIS, JULIE 2 WINCHESTER LANE HUMMELSTOWN PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECKENLUBER, STEVEN 3940 LOCUST LANE HARRISBURG PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, ROBERT 7155 STEELING RD HARRISBURG PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PURCELL, FRANCIS X 6510 LEO DR. HARRISBURG PA 17111	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEW, GEORGE 1707 GLENBROOK AVE. LANCASTER PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Larry Hodges 2855 E Cottenwood Pkwy #400 Salt Lake City UT 84121	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice President Michael Ward 2855 E Cottenwood Pkwy #400 Salt Lake City UT 84121	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Michael Ward 2855 E Cottenwood Pkwy #400 Salt Lake City UT 84121	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-01
Date

801-736-5600
Daytime Phone #

CR2E034 (10/00)



ACCOUNT NO. : 072100000032

REFERENCE : 980517 4330062

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizant

ORDER DATE : January 26, 2001

ORDER TIME : 11:32 AM

ORDER NO. : 980517-005

CUSTOMER NO: 4330062

CUSTOMER: Ms. Beth Kearsley
Mrs. Fields Cookies, Inc.
2855 E. Cottonwood Parkway
Suite 400
Salt Lake City, UT 84121

ANNUAL REPORT FILING

NAME: SUNSHINE PRETZEL TIME INC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

RECEIVED
01 JAN 29 PM 12:55
DIVISION OF CORPORATION