## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P93000076680** Feb 22, 2000 8:00 am 1. Entity Name **Secretary of State** SUGARPLUM FACTORY, INC. 02-22-2000 90032 028 \*\*\*150.00 Principal Place of Business Mailing Address 120 E. PANAMA ROAD 120 E. PANAMA ROAD WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708-3530 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3209118 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAGILL, PATRICK M ESQ Street Address (P.O. Box Number is Not Acceptable) 2110 E. ROBINSON STREET ORLANDO FL 32803 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change ■ Addition NAME ROADERICK, BERNARDINE F NAME STREET ADDRESS STREET ADDRESS 120 E. PANAMA ROAD CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Change ☐ Addition Delete TITLE TITLE FAUQUHER, CHRISTY R NAME NAME STREET ADDRESS STREET ADDRESS **802 S WINTER PARK DRIVE** CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL ☐ Change ☐ Addition TITLE ☐ Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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.