

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000040887**
 1. Entity Name: **Cakes Across America, Inc.**
 Principal Place of Business ^{New}
305 Moody Blvd.
Flagler Beach, FL 32136
 Mailing Address:
P.O. Box 1717
Flagler Beach, FL 32136

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90041 044 ***158.75

2. Principal Place of Business
305 Moody Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1717
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE.

City & State
Flagler Beach FL
 Zip **32136** Country **USA**

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4. FEI Number
59-3239803
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Francine M. Greene
P.O. Box 1717
Flagler Beach, FL 32136

7. Name and Address of New Registered Agent
 Name **Francine M. Greene**
 Street Address (P.O. Box Number is Not Acceptable)
305 Moody Blvd.
 City **Flagler Beach** **FL** Zip Code **32136**

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 **Francine M. Greene Pres** DATE **4-18-2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME	Greene, Francine M. <input type="checkbox"/> Delete
STREET ADDRESS	1112 Pheasant Cir.
CITY-ST-ZIP	Winter Springs, FL 32708
TITLE NAME	Greene, Donald A. <input type="checkbox"/> Delete
STREET ADDRESS	1112 Pheasant Cir.
CITY-ST-ZIP	Winter Springs, FL 32708
TITLE NAME	Storke, Mary E. <input type="checkbox"/> Delete
STREET ADDRESS	P.O. Box 1717
CITY-ST-ZIP	Flagler Beach, FL 32136
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 affidavit with a like empowered.

SIGNATURE: **Francine M. Greene Pres** DATE: **4/18/2000** PHONE: **(904) 439-2703**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRET