

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90082 030 \*\*\*150.00

**DOCUMENT # P94000040887**

1. Entity Name  
**CAKES ACROSS AMERICA, INC.**

Principal Place of Business  
**305 MOODY BLVD  
 FLAGLER BEACH FL 32136  
 US**

Mailing Address  
**PO BOX 1717  
 FLAGLER BEACH FL 32136**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

4. FEI Number **59-3239803**  
 Applied For  
 Not Applicable

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

Zip Country Zip Country

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GREENE, FRANCINE M  
 305 MOODY BLVD  
 FLAGLER BEACH FL 32136**

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.

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 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GREENE, FRANCINE M</b>
STREET ADDRESS	<b>1112 PHEASANT CR.</b>
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GREENE, DONALD A</b>
STREET ADDRESS	<b>1112 PHEASANT CR.</b>
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STORKE, MARY E</b>
STREET ADDRESS	<b>25 GENTLE BEN PATH</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(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: Francine M. Greene 4/3/01 904-439-2703  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)