2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000040887

Name:

Address:

City-St-Zip:

STORKE, MARY E

25 GENTLE BEN PATH

ORMOND BEACH, FL 32174

Entity Name: CAKES ACROSS AMERICA, INC

FILED Apr 29, 2002 8:00 AM Secretary of State

Entity Nan	1e: CAKES A	ACROSS	S AMERICA, INC.			
Current Principal Place of Business:				New Principal Plac	New Principal Place of Business:	
305 MOOD FLAGLER E	Y BLVD BEACH, FL 3	32136	US			
Current Mailing Address:				New Mailing Addre	New Mailing Address:	
PO BOX 17 FLAGLER E	'17 BEACH, FL 3	32136				
FEI Number:	59-3239803	FEI Nu	ımber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:	
GREENE, FRANCINE M 305 MOODY BLVD FLAGLER BEACH, FL 32136				305 MOODY BLVD	GREENE, FRANCINE M CEO 305 MOODY BLVD FLAGLER BEACH, FL 32136	
The above in the State		submits	this statement for the pu	rpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: FRANCINE M GREENE, CEO					04/29/2002	
	Electror	nic Signa	ature of Registered Agen	t	Date	
			ts Intangible Tax filing requi und Contribution ().	rement and elects to do so (X).		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () GREENE, FRAI 1112 PHEASAN WINTER SPRIN	NT CR.	32708	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GREENE, DON 1112 PHEASAN WINTER SPRIN	NT CR.	32708	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	D (X	() Delete		Title [.]	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: FRANCINE M GREENE, CEO CEO 04/29/2002