

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90031 037 ***150.00

0346998 AV

DOCUMENT # P95000018582

1. Entity Name
CAROL'S COOKIES & MORE, INC.

Principal Place of Business Mailing Address

~~4539 NORTHWEST 90TH AVENUE~~ ~~4539 NORTHWEST 90TH AVENUE~~
~~SUNRISE FL 33351~~ ~~SUNRISE FL 33351 -6006~~
8648 NW 44th ST. **8648 NW 44th ST.**
SUNRISE, FL 33351-6006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0561906**

Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

GREGO, CAROL J **CAROL J. GREGO-BROWNELL**
4539 NORTHWEST 90TH AVENUE
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name **CAROL J. BROWNELL**
 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 *Carol J. Grego (Brownell) Pres.* DATE **1-20-02**

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GREGO, CAROL J GREGO-BROWNELL	
STREET ADDRESS	4539 NORTHWEST 90TH AVENUE	
CITY-ST-ZIP	SUNRISE FL 33351	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL J. BROWNELL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Carol J. Grego Brownell* DATE **1-20-02** DAYTIME PHONE # **954-749-4600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL J. GREGO-BROWNELL

CR2E034 (9/01)

426363

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD

(STATE FILE NUMBER)

TYPE IN UPPER CASE
USE BLACK INK
This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

DATE RETURNED: JAN. 08 2002
RECORDED: BOOK 339 PAGE 852
HOWARD C. FORMAN, CLERK OF COURT
BY ER, DEPUTY CLERK

ML-CE-01-012834
APPLICATION NUMBER

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) STEPHEN LEONARD BROWNELL			2. DATE OF BIRTH (Month, Day, Year) NOV 16, 1947	
3a. RESIDENCE - CITY, TOWN, OR LOCATION SUNRISE	3b. COUNTY BROWARD	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) MASSACHUSETTS	
5a. BRIDE'S NAME (First, Middle, Last) CAROL JEAN GRECO		5b. MAIDEN SURNAME (If different) GRECO	6. DATE OF BIRTH (Month, Day, Year) DEC 17, 1942	
7a. RESIDENCE - CITY, TOWN, OR LOCATION SUNRISE	7b. COUNTY BROWARD	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) OHIO	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) ▶ Stephen Leonard Brownell	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) NOV 26, 2001
11. TITLE OF OFFICIAL DEPUTY CLERK J. T. GRAY	12. SIGNATURE OF OFFICIAL (Use black ink) ▶ J.T. Gray
13. SIGNATURE OF BRIDE (Sign full name using black ink) ▶ Carol Jean Greco	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) NOV 26, 2001
15. TITLE OF OFFICIAL DEPUTY CLERK J. T. GRAY	16. SIGNATURE OF OFFICIAL (Use black ink) ▶ J.T. Gray

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

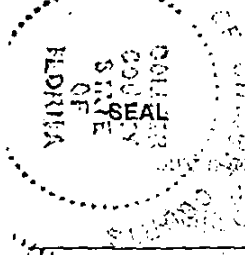
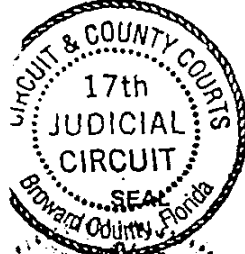
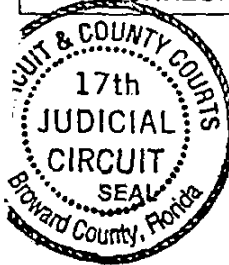
17. COUNTY ISSUING LICENSE BROWARD	18. DATE LICENSE ISSUED NOV 26, 2001	18a. DATE LICENSE EFFECTIVE NOV 29, 2001	19. EXPIRATION DATE JAN 27, 2002
20a. SIGNATURE OF COURT CLERK OR JUDGE ▶ J.T. Gray	20b. TITLE DEPUTY CLERK J. T. GRAY	20c. BY D.C.	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) DECEMBER 03, 2001	22. CITY, TOWN, OR LOCATION OF MARRIAGE NAPLES, FLORIDA		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) ▶ Lowell S. Hayes	23c. ADDRESS (Of person performing ceremony) 3301 TAMiami TRAIL EAST NAPLES FL 3411		
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) LOWELL S. HAYES DEPUTY CLERK OF THE CIRCUIT COURT	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶		
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) ▶		

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED



7000 TUCSON AVE SUITE 100
TUCSON AZ 85706