2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2001 08:00 AM
Secretary of State

DOCUMENT # **P96000026676**

1. Entity Name
GINGERBREAD TRIM COMPANY OF SARASOTA, INC.

Principal Place of Business	Mailing Address
23058 HARBOR VIEW RD	P.O. BOX 381013
	UNIT G
CHARLOTTE HARBOR FL	MURDOCK FL
33980 US	339381013

2. Principal Place of Business	3. Mailing Address
623 COLONIA LANE	623 COLONIA LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NOKOMIS FL	City & State: NOKOMIS FL
Zip: 34275 Country: US	Zip: 34275 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0673995** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACHNIK JOSEPH	Name: MACHNIK JOSEPH E
23058 HARBOR VIEW RD	Street Address (P.O. Box Number is Not Acceptable): 116 STANHOPE ST.
CHARLOTTE HARBOR FL	City: PORT CHARLOTTE FL
33980 US	Zip Code: 33954

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 **JOSEPH E. MACHNIK** 01/15/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D	☐ Delete	TITLE	PRES	☒ Change ☐ Addition
NAME	MACHNIK JOSEPH		NAME	MACHNIK JOSEPH E	
STREET ADDRESS	23058 HARBOR VIEW RD		STREET ADDRESS	116 STANHOPE ST.	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980		CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: Joseph E. Machnik Pres 01/15/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOSHUA J. MACHNIK, VICE PRESIDENT
1356 CORKTREE CIR.

PORT CHARLOTTE, FL 33952