2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062582

1. Entity Name

CKD COOKIES, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State
01-09-2001 90039 035 ***150.00

Principal Place of Business	Mailing Address
11740 N DALE MABRY TAMPA FL 33624 US	11740 N DALE MABRY TAMPA FL 33624 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3388588 ☐ 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
EXTERKAMP-COULTER, CHRIS ~~16062 DAWNVIEW DRIVE~~ ~~TAMPA FL 33624~~	Name Chris Exterkamp-Coulter Street Address (P.O. Box Number is Not Acceptable) 15104 Springview St. City Tampa **FL** Zip Code 33624

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 [signature] Christanne Exterkamp-Coulter 01-03-01
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 NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete EXTERKAMP, DAVID 16062 DAWNVIEW DRIVE TAMPA FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete EXTERKAMP-COULTER, CHRIS ~~16062 DAWNVIEW DRIVE~~ ~~TAMPA FL 33624~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition 15104 Springview St. Tampa, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] 01-03-01 813-269-4403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #