

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065310

1. Entity Name

EETEE BAKERY EQUIPMENT, INC.

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90025 047 \*\*\*150.00

Principal Place of Business

Mailing Address

1338 W INDIES WAY  
LANTANA FL 33462  
US

1338 W INDIES WAY  
LANTANA FL 33462-1846  
US

2. Principal Place of Business

890 N. FEDERAL HWY

3. Mailing Address

890 N. FEDERAL HWY

Suite, Apt. #, etc.

# 102

Suite, Apt. #, etc.

# 102

City & State

LANTANA, FL

City & State

LANTANA, FL

Zip

33462

Country

USA

Zip

FL 33462

Country

USA

4. FEI Number

65-0685411

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

SCHOLIN, CHRISTIAN N  
505 SOUTH FLAGLER DRIVE  
SUITE 1001  
W PALM BEACH FL 33401

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

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, 2000 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 P  
NAME TIILIKKA, PERTTI  
STREET ADDRESS 44 PAXFORD LANE  
CITY-ST-ZIP BOYNTON BEACH FL ☐ Delete

TITLE V  
NAME KLEIMOLA, PENTTI  
STREET ADDRESS VELLANMONTIE 1  
CITY-ST-ZIP KUUSANKOSKI FI ☐ Delete

TITLE T  
NAME KLEINMOLA, JYRKI  
STREET ADDRESS PUOSILANTIE 2  
CITY-ST-ZIP KOUVOLA FI ☐ Delete

TITLE S  
NAME KLEIMOLA, JUSSI  
STREET ADDRESS KILLINGINTIE 15 B17  
CITY-ST-ZIP KUUSANKOSKI FI ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Pertti Tiilikka*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PERTTI TIILIKKA

1.26.2000

561-586-4988

Date

Daytime Phone #