

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079133

1. Entity Name

EJ'S FROZEN TREATS, INC.

Principal Place of Business

2191 US HIGHWAY 27 NORTH
SEBRING FL 33870

Mailing Address

2191 US HIGHWAY 27 NORTH
SEBRING FL 33870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

STATLER, PHILLIP
3531 US 27 SOUTH
SEBRING FL 33870

7. Name and Address of New Registered Agent

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, 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

TITLE D ☐ Delete
NAME BAUER, GEORGE W
STREET ADDRESS 2191 US HIGHWAY 27 NORTH
CITY-ST-ZIP SEBRING FL 33870

TITLE VT ☐ Delete
NAME BAUER, EMILY J
STREET ADDRESS 2191 US HWY 27 NO
CITY-ST-ZIP SEBRING FL

TITLE C ☐ Delete
NAME BAUER, JAMES A
STREET ADDRESS 2227-G ARBUCKLE CK RD
CITY-ST-ZIP SEBRING FL

TITLE SP ☐ Delete
NAME BAUER, EMILY J
STREET ADDRESS 2227-G ARBUCKLE CK RD
CITY-ST-ZIP SEBRING FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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: Emily J. Bauer EMILY J. BAUER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (863) 382-2100

Date

Daytime Phone #

CR2E034 (10/00)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90075 028 ***150.00



DO NOT WRITE IN THIS SPACE