

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0112398 AV

DOCUMENT # P96000090462

1. Entity Name
FLORIDA INTERNATIONAL BAKERY, INC.



FILED

03 AUG -6 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6819 U.S. HIGHWAY 19, NORTH
UNIT 1
NEW PORT RICHEY FL 34652

Mailing Address
6819 U.S. HIGHWAY 19, NORTH
UNIT 1
NEW PORT RICHEY FL 34652



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number 59-3413791

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

ROE, LORI
6819 US HWY 19
NEW PORT RICHEY FL 34652

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROE, LORI
6819 HW 19
NEW PORT RICHEY FL 34652 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200022345142
08/15/03--01038--003 **150.00 ☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727)846-9669

CR2E034 (4/03)

Attachment

07/30/03

FLORIDA INTERNATIONAL BAKERY
Register QuickReport
October 5, 2002 through May 1, 2003

#P96000090462

| Type | Date | Num | Account | Clr | Split | Amount |
|---------------------------|------------|------|--------------------------|-----|-------------------|-----------|
| Fla Dept of Revenue | | | | | | |
| Check | 10/5/2002 | 2033 | Fla International Bak... | X | Taxes | -80.83 |
| Check | 10/25/2002 | 2090 | Fla International Bak... | X | Licenses and P... | -435.00 |
| Check | 1/9/2003 | 2287 | Fla International Bak... | | Licenses and P... | -150.00 |
| Check | 1/10/2003 | 2293 | Fla International Bak... | X | Licenses and P... | -67.82 |
| Check | 4/25/2003 | 2587 | Fla International Bak... | X | Licenses and P... | -370.76 |
| Total Fla Dept of Revenue | | | | | | -1,104.41 |
| TOTAL | | | | | | -1,104.41 |

TO WHOM IT MAY CONCERN:

I MAILED MY CHECK #2287 TO YOU IN JANUARY IN THE AMOUNT OF 150⁰⁰. IT MUST HAVE BEEN MISPLACED IF RECEIVED OR LOST IN THE MAIL.

Please accept this replacement check in the amount of 150⁰⁰.

If you have any questions please call

Lori Roe
(727) 846-9669