

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90414 031 ***150.00

DOCUMENT # P97000010839

1. Entity Name
LOVIN' COOKIES, INC.

Principal Place of Business
**1952 PARK MEADOWS DRIVE
 SUITE 5
 FT MYERS FL 33907**

Mailing Address
**1952 PARK MEADOWS DRIVE
 SUITE 5
 FT MYERS FL 33907**

2. Principal Place of Business
2114 CAPE CORAL PKWY W

3. Mailing Address
2114 CAPE CORAL PKWY W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CORAL / FL.

City & State
CAPE CORAL / FL.

Zip
33914

Country
LEE

Zip
33914

Country
LEE

4. FEI Number **65-0722779**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DESBAILLETS, ANETTE
 879-B MIRAMAR STREET
 CAPE CORAL FL 33904**

NONE

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City
FL

Zip Code
NONE

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	KATTKUS, KLAUS UWE	1952 PARK MEADOWS DR, STE 5	FORT MYERS FL 33907	<input type="checkbox"/>
VPSD	WITKIEWICZ, ANGELIKA	1952 PARK MEADOWS DR, STE 5	FORT MYERS FL 33907	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2114 CAPE CORAL PKWY W	CAPE CORAL FL 33914	<input checked="" type="checkbox"/>
		2114 CAPE CORAL PKWY W	CAPE CORAL FL 33914	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: **A- L VPSD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **03/26/01** Daytime Phone # **941 410 3339**



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)