

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90696 050 ***150.00

0563470 AV

DOCUMENT # P97000015674

1. Entity Name

DALWECON CAKE - GERMAN SPECIALTIES, INC.

Principal Place of Business

1325 SE DIXIE HWY
 STUART FL 34994
 US

Mailing Address

PO BOX 1838
 JENSEN BEACH FL 34958
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1501 DECKER AVE.

3. Mailing Address

D I T O

Suite, Apt. #, etc.

UNIT 114

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

Zip

34994

Country

US

Zip

Country

4. FEI Number

65-0741552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HAIDUCHEL, WERNER
 189 BALSAM WAY
 JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name

HEIDBUCHEL, WERNER

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

City

JENSEN BEACH

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, 2002 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 **HEIDBUCHEL, WENER W**
 STREET ADDRESS **1325 SE DIXIE HWY**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **VP** ☐ Delete
 NAME **HEIDBUCHEL, CORNELIAE**
 STREET ADDRESS **1325 SE DIXIE HWY**
 CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

CORNELIA HEIDBUCHEL 3-20-02 2838844
 (772)