

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90018 048 ***150.00

DOCUMENT # P97000059470

1. Entity Name
SWISS BAKERY FISCHER, INC.

Principal Place of Business

**916-D PATRICIA AVE
DUNEDIN FL 34698**

Mailing Address

**916-D PATRICIA AVE
DUNEDIN FL 34698**

2. Principal Place of Business

916 D Patricia Ave

Suite, Apt. #, etc.

City & State

Dunedin FL

Zip

34698

Country

USA

3. Mailing Address

916 D Patricia Ave

Suite, Apt. #, etc.

City & State

Dunedin

Zip

34698

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3461421**

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

**TRUDY KOCH
1175 LAZY LAKE RD E
DUNEDIN FL 34698**

Name

Koch Trudy

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

916 D Patricia Ave

City

Dunedin

FL

Zip Code

34698

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V/S P** ☐ Delete
NAME **KOCH, TRUDY**
STREET ADDRESS **1175 LAZY LAKE RD E**
CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

127 734 9890