

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000014677

1. Corporation Name

THE SERIOUS COOKIE COMPANY

Principal Place	e of Business	Mailing Address	Mailing Address			
900 E. ATLANT	IC BLVD.	900 E. ATLANTIC BLVD.	900 E. ATLANTIC BLVD.			
SUITE 17		SUITE 17	SUITE 17			DO NOT WRITE IN THIS SPACE
POMPANO BEA	CH FL 33060	POMPANO BEACH FL 33060				
						3. Date Incorporated or Qualifed
						02/13/1998
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For Not Applied For Not Applicable
21		26				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cot	untry		8. This corporation owes the current year intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Current					10. Name and Address of New Registered Agent
				81	Name	
STUPARITZ, ALAN D						(D.O. D. N. Lauria Nat A. Lauria)
900 E. ATLANTIC BLVD.				82	Street Addr	ress (P.O. Box Number is Not Acceptable)
SUITE 17				83		
POMPANO BEACH FL 33060						
. Only have been recommended				84 City		FL 85 Zip Code
44 Dimenioral	to the annuicions of Sections 607 0507	2 and SAT 1509 Florida Statute	e the s	hove	named corn	poration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State o	of Florida. Such change was at	Jthorize	o by	the corporation	on's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flor	ida Stat	utes.	•	
SIGNATURE						ad when reinstating) DATE
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere OFFICERS AND DIRECTORS 13.			d Agen	t signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.			DELETE 1.1 TO		1	Change Addition
TITLE	PD					
NAME	SAFAFIANO, GEORGE		1.2 NAME			
STREET ADDRESS	ood E. Arbatho Deto.		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	Cimitate Design Le coope		_	ITY-S	T-ZIP	CI Observe Ci Addition
TITLE	VPST	☐ DELETE	2.1 T	ITLE		☐ Change ☐ Addition
NAME	TICATEO, OTRITEOTTE		2.2 N	AME		
STREET ADDRESS	900 E. ATLANTIC BLVD.			TREET	ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060		2. 4 CTTY-5		T-ZIP	
TITLE	D	☐ DELETE	3.1 T	ITLE		☐ Change ☐ Addition
NAME	REAVES, CHARLOTTE		3.2 NAME			
STREET ADORESS	900 E. ATLANTIC BLVD.		3.3 STRE		ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060		3.4. 0	CITY-S	T-ZIP	
TITLE		☐ DELETE	4.1 TITLE		T	☐ Change ☐ Addition
NAME	4.3		4, 2 1	NAME		
STREET ADDRESS			4.3 S	TREET	ADORESS	
C/TY-ST-ZIP			4.4 C	ITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 T			Change Addition
A1414F			52 N	AME	1	

I hereby certify that the information supplied with this filing does not fluality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90087 045 \*\*\*150.00