

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91273 034 ***150.00

DOCUMENT # P98000049669

1. Entity Name

EUROPEAN BAKERY OF PINELLAS, INC.

Principal Place of Business

**2300 GULF BLVD. #5
 INDIAN ROCKS BEACH FL 33785**

Mailing Address

**2300 GULF BLVD
 INDIAN ROCKS BEACH FL 33785**

2. Principal Place of Business

**2300 Gulf Blvd #5
 Suite, Apt. #, etc.
 INDIAN ROCKS BEACH
 City & State
 FL**

3. Mailing Address

**2300 Gulf Blvd #5
 Suite, Apt. #, etc.
 SUITE #5
 City & State
 Indian Rocks Bch FL**

**Zip
 33785**

**Country
 PINELLAS**

**Zip
 33785**

**Country
 Pinellas**

4. FEI Number

59-3517158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ILLING, JOANNA
 11795 DAUPHIN AVE
 LARGO FL 33778**

7. Name and Address of New Registered Agent

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.

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	P	<input type="checkbox"/> Delete
NAME	ILLING, JOANNA	
STREET ADDRESS	12675 115TH SW N	
CITY-ST-ZIP	LARGO FL 33718	
TITLE	V	<input type="checkbox"/> Delete
NAME	POKORA, JOHN K	
STREET ADDRESS	12675 115TH SW N	
CITY-ST-ZIP	LARGO FL 33778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02

Date

727-319-4888

Daytime Phone #

CR2E034 (9/01)