

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061186

1. Entity Name

LET THEM EAT CAKE, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90171 029 ***150.00

Principal Place of Business

Mailing Address

1522 KING ST
JACKSONVILLE FL 32204
US

1522 KING ST
JACKSONVILLE FL 32204-4514
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3522531**

Applied For

Not Applicable

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

00004622



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAX CO.
50 N LAURA ST
3300 BARNETT CENTER
JACKSONVILLE FL 32202

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, 2000 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 ☐ Delete
NAME **D BRUNER UPRIGHT, KAREN**
STREET ADDRESS **2260 POST ST**
CITY-ST-ZIP **JACKSONVILLE FL 32204**

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

TITLE ☐ Delete
NAME **D ADAMS, ANITA**
STREET ADDRESS **4000-27 ST JOHNS AVE, #30**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE ☒ Change ☐ Addition
NAME **ADAMS, ANITA**
STREET ADDRESS **1712 CHERRY ST**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Karen Bruner Upright
Karen Bruner Upright

1/10/2000

904/384-9255

CR2E034 (9/99)