

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105769

1. Entity Name

EDIBLE TRADITIONS, INC.

Principal Place of Business

2431 HAMLIN LANE
SARASOTA FL 34239

Mailing Address

2431 HAMLIN LANE
SARASOTA FL 34239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WESTMORLAND, DEBORAH
8523 10TH AVE., N.W.
BRADENTON FL 34209

4. FEI Number 65-0895057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name: GERRI B. HAYNES
Street Address (P.O. Box Number is Not Acceptable)
8155 LONGRAY BLVD

City SARASOTA

FL

Zip Code 34243

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

3-23-01

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 D
NAME LICHTMAN, JEFFREY S
STREET ADDRESS 1118 RODMAN ST
CITY-ST-ZIP PHILADELPHIA PA 19147 ☐ Delete

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

TITLE D
NAME GLUCHOV, SHERRY
STREET ADDRESS 2980 CAPTIVA DR
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

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

TITLE PD
NAME LICHTMAN, TAMA
STREET ADDRESS 2431 HAMLIN LANE
CITY-ST-ZIP SARASOTA FL 34237 ☐ Delete

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tama S. Lichtman 3/23/01 941-954-6944

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90057 017 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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