

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022501

1. Entity Name

INCREDIBLY EDIBLE & MORE, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90382 021 ***150.00

Principal Place of Business

Mailing Address

PO BOX 561239
ORLANDO FL 32856

PO BOX 561239
ORLANDO FL 32806-3901

2. Principal Place of Business

3. Mailing Address

1321 SLIGH BLVD

1321 SLIGH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3565036

Applied For

Not Applicable

Zip

Country

32806

Zip

Country

32806

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

Name

Michael Bowar

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

1080 WOODCROCK RD

STE 295

City

ORLANDO

FL

Zip Code

32803

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

Michael Bowar

BOWAR & ASSOCIATES

4/23/00

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 PD
NAME DOBLIN, ANTHONY T
STREET ADDRESS 209 E AMELIA STREET
CITY-ST-ZIP ORLANDO FL 32801

TITLE VD
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME SMITH, DAWN
STREET ADDRESS 500 E GORE STREET
CITY-ST-ZIP ORLANDO FL 32806

TITLE PD
NAME
STREET ADDRESS 705 DANIELS AVE
CITY-ST-ZIP ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

DAWN SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

407 835 7172

Daytime Phone #

CR2E034 (9/99)