

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State
 03-10-2000 90029 050 ***150.00

DOCUMENT # P99000064270

1. Entity Name
KNEADING DOUGH, INC.

Principal Place of Business Mailing Address
 201 WILLOW DR 201 WILLOW DR
 JASPER TX 75951 JASPER TX 75951-3359

820801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 4125 CLEVELAND AVE.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE #110
 City & State City & State
 FT. MYERS, FL
 Zip Country Zip Country
 33901 U.S.A.

4. FEI Number Applied For
 65-0937027 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 Name JOHN SCHWARTZ
 Street Address (P.O. Box Number is Not Acceptable)
 4125 CLEVELAND AVE
 SUITE #110
 City FT. MYERS FL Zip Code 33901

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 JOHN SCHWARTZ, PRESIDENT 2/10/2000
 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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, JOHN		NAME		
STREET ADDRESS	201 WILLOW DR		STREET ADDRESS		
CITY-ST-ZIP	JASPER TX 75951		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, SUZANNE		NAME		
STREET ADDRESS	201 WILLOW DR		STREET ADDRESS		
CITY-ST-ZIP	JASPER TX 75951		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 JOHN SCHWARTZ, PRESIDENT 2/10/2000 409 384 6867
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)