

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075905

1. Entity Name  
CAROUSEL BAKERY, INC.

Principal Place of Business

3430 US HWY 26/441  
FRUITLAND PARK FL 34731

Mailing Address

3430 US HWY 26/441  
FRUITLAND PARK FL 34731

2. Principal Place of Business

3430 US HWY 27/441

3. Mailing Address

3430 US HWY 27/441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3601628

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PERLACH, ANN  
5323 OLD HICKORY LANE  
FRUITLAND PARK FL 34731

Name

ANNA PERLACH

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

*Anna Perlach* ANNA PERLACH

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2001

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 VP ☒ Delete  
NAME PERLACH, WILLIAM  
STREET ADDRESS 5308 OLD HICKORY LANE  
CITY-ST-ZIP FRUITLAND PARK FL 34731

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

TITLE P ☐ Delete  
NAME PERLACH, ANN  
STREET ADDRESS 5308 OLD HICKORY LANE  
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE ☒ Change ☐ Addition  
NAME PERLACH, ANNA  
STREET ADDRESS 5323 OLD HICKORY LANE  
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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 all other like empowered.

SIGNATURE:

*Anna Perlach* ANNA PERLACH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-25-2001

Daytime Phone #

352-365-6900



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)