

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V43256**

1. Entity Name

BATCHES OF COOKIES, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90108 047 ***150.00

Principal Place of Business
**9501 ARLINGTON EXPRESSWAY SPACE 120
SUITE 200
JACKSONVILLE FL 32225
US**

Mailing Address
**9501 ARLINGTON EXPRESSWAY SPACE 120
SUITE 200
JACKSONVILLE FL 32225
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3128920		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRYAN, JEFFREY R. 3640 CATHEDRAL COVE RD. JACKSONVILLE FL 32217		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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
SEC	BRYAN, HARRIET L.		
3640 CATHEDRAL COVE RD.	32217		
JACKSONVILLE FL			
TITLE	NAME	TITLE	NAME
PRES	BRYAN, JEFFREY R.		
3640 CATHEDRAL COVE RD.	32217		
JACKSONVILLE FL			
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME

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: *Harriet L. Bryan* **Harriet L. Bryan** **4-4-01 (904) 731-3742**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)