

**FOR PROFIT CORPORATION 2001
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 266021

1. Entity Name **Fact-O-Bake, Inc**
921 Lakeside Dr.
Mobile, AL 36693

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
921 Lakeside Dr.

3. Mailing Address
921 Lakeside Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Mobile, AL

City & State
Mobile, AL

Zip
36693

Country
Mobile

Zip
36693

Country
Mobile

4. FEI Number
59-1006785

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CT Corporation System**

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

1200 South Pine Island RD.

City **Plantation, FL** Zip Code **33324**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **P**
NAME **Taylor, J.R.**
STREET ADDRESS **921 Lakeside Dr.**
CITY-ST-ZIP **Mobile, AL 36693**

TITLE **V**
NAME **Guice, Louis N.**
STREET ADDRESS **1009 Highpoint CT**
CITY-ST-ZIP **Mobile, AL 36693**

TITLE **ST**
NAME **Guice, Molly L.**
STREET ADDRESS **1009 Highpoint CT**
CITY-ST-ZIP **Mobile, AL 36693**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis N. Guice

4/2/2002 251-666-2408

Date

Daytime Phone #

CR2E034B (12/01)