

4/9/

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 645300**1. Entity Name  
**OLDE TYME BREAD, INC.****FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90005 002 \*\*\*150.00

Principal Place of Business 1507 SE 47TH STREET CAPE CORAL FL 33904	Mailing Address 1507 SE 47TH STREET CAPE CORAL FL 33904
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1989361</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>FISHER, LEIGH M. 1505 SE 40 STREET STE. B CAPE CORAL FL 33904</b>
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7. Name and Address of New Registered Agent	
Name <b>Linnenbach, Fritz</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1751 SE 40th Terr</b>	
City <b>Cape Coral</b>	FL Zip Code <b>33904</b>

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  DATE **4.17.01**  
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when relistating)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**

TITLE <b>PST</b>	<input type="checkbox"/> Delete
NAME <b>LINNENBACH, FRITZ</b>	
STREET ADDRESS <b>1751 SE 40TH TERR.</b>	
CITY-ST-ZIP <b>CAPE CORAL FL 33904</b>	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>PST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Linnenbach, Fritz</b>	
STREET ADDRESS <b>1751 SE 40th Terr.</b>	
CITY-ST-ZIP <b>Cape Coral FL 33904</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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  DATE **4.05.01**  
Signature typed or printed name of signing officer or director

CR2E034 (10/00)