2001 UNIFORM BUSINESS REF.

(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

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Principal Place	e of Busines	3	Mailing Address								
1507 SE 47TH STREET CAPE CORAL FL 33904			1507 SE 47TH STREET CAPE CORAL FL 33904					é)] ('	40	
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2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State	City & State			FEI Number 59-198936	1	Applied For Not Applicable		
Zip	Zip Country		Zip	Zip Coun		5.	Certificate of Status Desired		8.75 Add ee Require	ditional d	1
	6Name	and Address of Curren	t Registered Agent			7.	Name and Address of New R	legistered A	gent]
l rieui	ы	•		Name	Link	menbach, Frit	>				
FISHER, LEIGH M. 1505 SE 40 STREET				Si			Street Address (P.O. Box Number is Not Acceptable)				
STE. 8							1751 SE 40th Terr				
	CORAL F	L 33904									
							e Coral	FL	Zip Cod	904	
8. The above	named entit	submits this statement t	for the purpose of changing	its register	ed office or i	registered a	agent, or both, in the State of Flo	orida.			}
SIGNATURE			9	-				17.01	r 		
	Signature, system	or printed name of registered ager	nt and use if applicable. (N	IOTE: Registere	id Agent signatur	e required when	reinstating)	DATE			}
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1,	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11.		OFFICERS AND	D DIRECTORS	12.			ODITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	[
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13. I hereby of indicated of the corchanged	certify that the lon this report poration or to lor on an att	e information supplied wint or supplemental report the receiver or trustee critical achment with an accidess	ith this filing does not qualify true and accurate and the powered to execute this rep s, with all other like empower	for the exe at my signa ort as requ ed.	emption state ture shall he ired by Char	ed in Section we the same oter 607, Flo	n:119.07(3)(i), Florida Statutes. e legal effect as if made under orida Statutes; and that my nam	I further certi oath; that I ar le appears in	ly that the in n an officer Block 11 o	nformation or director r Block 12 if	
SIGNAT	URE	Mark	B BBINTED NA WE SEE	<u> </u>		4	05.01				
L		SPACIOR PLANE LA ED OI	R PRINTED NAME OF SIGNING OF PER	H DIREC	TOR		Date	Da	ytime Phone #		1