

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G41484

1. Entity Name

PENELOPE'S BREADS AND THREADS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90052 048 ***150.00

Principal Place of Business

Mailing Address

% MARY-BERTHA WEIGAND
520 E ATLANTIC AVE
DELRAY BEACH FL 33483

% MARY-BERTHA WEIGAND
520 E ATLANTIC AVE
DELRAY BEACH FL 33483-5324

722660



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

353 N. Swinton Ave
Suite, Apt. #, etc.

353 N. Swinton Ave
Suite, Apt. #, etc.

Delray Beach FL
City & State

Delray Beach FL
City & State

33444 P.B.
Zip Country

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Zip Country

4. FEI Number 59-2306764
Applied For
Not Applicable

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

WEIGAND, MARY-BERTHA
520 E ATLANTIC AVE
DELRAY BEACH FL 33483
353 N. Swinton Ave
33444

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 Mary-Bertha Weigand 4/21/00
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIGAND, JOHN F. JR.		NAME		
STREET ADDRESS	520 E ATLANTIC AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, CARL J.		NAME		
STREET ADDRESS	520 E ATLANTIC AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIGAND, JOHN KENNETH		NAME		
STREET ADDRESS	520 E ATLANTIC AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, PENELOPE W.		NAME		
STREET ADDRESS	520 E ATLANTIC AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIGAND, MARY-BERTHA		NAME		
STREET ADDRESS	520 E ATLANTIC AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Mary-Bertha Weigand 4/21/00 561-272-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mary-Bertha Weigand

CR2E034 (9/99)