

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Aug 23, 2005 8:00 am  
Secretary of State

08-23-2005 90012 018 \*\*\*150.00

DOCUMENT # **68371**

1. Entity Name  
**NEW YORK STILLBAGLES INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**PALM HARBOR**

Suite, Apt. #, etc.

3. Mailing Address  
**33855 U.S. ROUTE 19 N.**

Suite, Apt. #, etc.

City & State  
**PALM HARBOR FL**

City & State  
**SAME**

Zip  
**34684**

Country  
**PINELAS**

Zip

Country  
**PINELAS**

4. FEI Number  
**39 234 1366**

Applied For  
Not Applicable

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

**50062973**

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7. Name and Address of Current Registered Agent

Name  
**ADAM SEPLOWE**

Street Address (P.O. Box Number is Not Acceptable)  
**33855 US 19**

City **PALM HARBOR** **FL** Zip Code **34684**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D ADAM SEPLOWE PALM HARBOR  
33855 US 19 N -**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D INGRID SEPLOWE  
33855 US 19 PALM HARBOR FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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12. 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 10 or on an attachment with an address, with all other like-empowered.

SIGNATURE:

**Adam Seplowe**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/17/05**

Date

Daytime Phone #

CR2E034B (12/02)

ATTACHMENT

50062973  
#

NEW YORK STYLE BAGELS, INC

33855 VS 19N

PALM HARBOR FL 34684

785-9297

785-8857

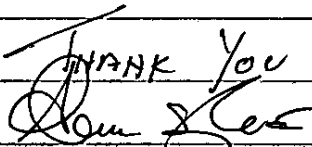
TO WHOM IT MAY CONCERN

I NEVER RECEIVED THE ANNUAL REPORT FORM

PLEASE WAIVE THE LATE CHG AND PENELTY

ENCLOSED PLEASE ACCEPT THIS FORM AND MY

CHECK FOR \$150.00

THANK YOU  


ADAM SEPLOVE