## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **H78042**

1. Entity Name

WORMAN'S BAKERY, INC.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90404 038 \*\*\*150.00

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Sulte, Apt. #, etc.  City & State  Country  5, Certificate of Status Desired  \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  Name  WORMAN, MORRIS J  204 BROAD ST  JACKSONVILLE FL 32202  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. I am familiar with, and accept the obligations of registered agent.  Signature. Typed or private name of registered agent and title if applicable.  (NOTE Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  \$ After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PTD  WORMAN, MORRIS J	204 BROAD S	ST	204 BROAD ST				
Sulte, Apt. #, etc.  City & State  Country  5, Certificate of Status Desired  \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  Name  WORMAN, MORRIS J  204 BROAD ST  JACKSONVILLE FL 32202  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. I am familiar with, and accept the obligations of registered agent.  Signature. Typed or private name of registered agent and title if applicable.  (NOTE Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  \$ After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PTD  WORMAN, MORRIS J							
City & State  City & State  City & State  4. FEI Number 59-2583382  Applied For Not Applied Fo	2. Principal Place of Business		3. Mailing Address		F TOOLERY BITH INSEL INTIL ONLY OLETO 1707 BLOST O	1811 B1811 B1811 81811 B1811 1881	
Zip Country S. Certificate of Status Desired Agent Address of New Registered Agent Status Desired Name of Nam	Suite, Apt. #, etc. St		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent  WORMAN, MORRIS J  204 BROAD ST  JACKSONVILLE FL 32202  City  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PTD  WORMAN, MORRIS J  Name  7. Name and Address of New Registered Agent  Name  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  Added to Fees  Added to Fees  Added to Fees  Addition  NAME  WORMAN, MORRIS J	City & State		City & State		4. FEI Number 59-2583382		
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204 BROAD ST  JACKSONVILLE FL 32202  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its 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  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PTD  WORMAN, MORRIS J  Addition				Name	Name		
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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 Block 11 if changed, or on an attachment with an address, with all other tike empowered."

**SIGNATURE** 

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4-11-83

Daytime Phone #