

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K40751

1. Entity Name

BRANDON BAGELS, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90007 039 ***150.00

Principal Place of Business

Mailing Address

942 W. BRANDON BLVD.
BRANDON FL 33511

942 W. BRANDON BLVD.
BRANDON FL 33511-4906

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2918636

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KARP, JEFFREY F.
1207 BROOMHILL AVE.
VALRICO FL 33594

Same
new
address

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KARP, JEFFREY	
STREET ADDRESS	3942 APPLETREE DR	3940
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KARP, JEFFREY F.	
STREET ADDRESS	3942 APPLETREE DR	3940
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENDOZA, ANGELA	
STREET ADDRESS	14506 HIGHLAND HILLS PL	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	JEFFREY, KARP F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3940 APPLETREE DR	
STREET ADDRESS	VALRICO, FL	33594
CITY-ST-ZIP		
TITLE	JEFFREY F KARP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3940 APPLETREE DR	
STREET ADDRESS	VALRICO, FL	33594
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00

Date

(813) 654-5672

Daytime Phone #