2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001118

1. Entity Name

THE BREADBOX, LC

FILED
01 JUL -6 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business | Mailing Address

2. Principal Place of Business: 9810-5 BAYMEADOWS DR
Suite, Apt. #, etc.:
City & State: JACKSONVILLE, FL
Zip: 32256 | Country:

3. Mailing Address: 818 A1A NORTH
Suite, Apt. #, etc.: SUITE 206
City & State: PONTE VEDRA BEACH, FL
Zip: 32082 | Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3488219 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LLOYD HAGER
316 SOUTH NINE DRIVE
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

700004481577--0
-07/17/01--01096--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MRGM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LLOYD HAGER	NAME	
STREET ADDRESS	316 SOUTH NINE DRIVE	STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082	CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 7/2/2001 904 273 2549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

STF FL32519F.1