## FILED

May 10, 2001 8:00 am Secretary of State

05-10-2001 90178 027 \*\*\*150.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M75863** 

1. Entity Name

BAGELS UNLIMITED, INC.

					- 1					
Principal Place	e of Business	Mailing Address 5564 66TH ST NORTH								
ST PETERSBUF		ST PETERSBURG FL 33709								
					İ				MAR PIRMARA	(! <b>e!e</b> !( ! <b>e!</b> )
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			- 1	<b>4</b> . FE	El Number <b>59-2887245</b>		<b>→</b>	oplied For
Zip Country		Zip	5. Certificate of Status Desired			ertificate of Status Desired		8.75 Add	ditional	
	6. Name and Address of Current R	enistered Anent				7 Na	ame and Address of New Reg			
	o. Name and Address of Content II	egistered Agent		Name					<u> </u>	
ZIESMAN MARTIN E							fond Hallm	ANK		
4199 EAGLE WATCH BLVD				Street A	ddress (P.C	D. Bo.	x Number is Not Acceptable)			
PALM HARBOR FL 34685					(111		11th (L.)		_	
				SSBY BBTH St. N.  City St. Petansysus FL 33789						
				City S	t. Pzt.	44	5130VG	FL	Zip Cod	59
8. The above	named entity submits this statement for t	he purpose of changing its	registered	d office o	r registered	ager	nt, or both, in the State of Flori	da.		
	11/11/11/11	CLIFFORD 1	4-110	mark				111	13/	
SIGNATURE	<i>1.691   111/11</i> /1		TAILL	-1-0-1-				7/	22//	
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	: Registered	Agent signat	ure required who	en reins	stating)	DATE		
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!!! FEE IS \$150.00			00		10. Election Campaign Finar			
Tax filing requirement and elects to do so.		After MAY 1, 2001 Fee will be \$550.0					Trust Fund Contribution.		Added	May Be to Fees
(See criter	ria on back)	Make Check Payab	le to De	partmen						
11.	OFFICERS AND D		12.			ADD	ITIONS/CHANGES TO OFFIC	ERS AND (	DIRECTOR	
TITLE	PD	🔀 Delete	TITLE					l	☐ Change	☐ Addition
NAME	ZIESMAN, MARTIN E.		NAME		ļ					
STREET ADDRESS	4199 EAGLE WATCH BLD		STREE CITY-S	T ADDRESS	İ					
CITY-ST-ZIP	PALM HARBOR FL VPD		_		-					
TITLE	ZIESMAN, CAROLYN	🔀 Delete	TITLE						Change	Addition
NAME STREET ADDRESS	4199 EAGLE WATCH BLVD			r address						
CITY-ST-ZIP	PALM HARBOR FL		CITY-S		1					
TITLE	STD	□ Delete	TITLE		Presik	Des.	<del>y+</del>		Change	Addition
NAME	HALLMARK, CLIFFORD	, —	NAME			-	•		_	
STREET ADDRESS	6001 64TH AVE N.		STREET	T ADDRESS						
CITY-ST-ZIP	PINELLAS PARK FL		CITY-S	ST-ZIP	-				·	
TITLE		☐ Delete	TITLE					1	Change	☐ Addition
NAME			NAME							
STREET ADDRESS				ADORESS						
CITY-ST-ZIP			CiTY-S							
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS	ļ					

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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME Street address

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

Mel Mill

CLIFFOR NOCLMANK

☐ Delete

4//23/1

(127)545-2234

☐ Change

Addition

Daytime Pho