2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005604

HOUSE OF BREAD INCORPORATED



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90138 047 ****70.00

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Principal Place of Business Mailing Address										
3900 BRAODWAY WEST PALM BEACH FL 33401			3900 BRAODWAY WEST PALM BEACH FL 33401				28 4 1114 84 211 88 111 84 11 8	.	hus bulk shil l	
2. Principal Place of Business 3.			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 65	-0754450		pplied For ot Applicable	
Zip	Country		Zip Cou		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required		litional		
6. Name and Address of Current Regis			red Agent		7. Name and Address of New Registered Agent					
					Name					
PARRISH, BRUCE W JR. 105 SOUTH NARCISSUS AVE.					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 70 WEST PA)1 ALM BEACH FL 33401		City				E			
VILOV I Sain Gallott a Gold I					City		•	FL Zip Code	7	
	named entity submits this state ions of registered agent. Signature, typed or printed name of register				J-1870.	uired when reinstating)		am tamiliar with,	and accept	
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Florida De	heck Payable epartment of S	State	
10.				11.		ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTORS IN		
TITLE NAME STREET ADORESS CITY-ST-ZIP	PD CLARK, ISAIAH S JR. 1921 HILTONIA CIR. WEST PALM BEACH FL 3		☐ Delete					☐ Change	Addition Addition	
NAME ** STREET ADDRESS CITY-ST-ZIP	VD CLARK, MARY F 1921 HILTONIA CIR. WEST PALM BEACH FL 3		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, ADRIENNE 802 WEST TIFFANY DRIVE WEST PALM BEACH FL 3	# 3	☐ Delete				-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete .		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, Delete						☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	

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 617, 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 like empowered.

SIGNATURE:

56/845-5201