

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022204

1. Entity Name

CREATIVE BREAKFAST CONCEPTS, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90297 018 ***150.00

Principal Place of Business

620 DOUGLAS AVE., STE. 1306
ALTAMONTE SPRINGS FL 32714

Mailing Address

620 DOUGLAS AVE., STE. 1306
ALTAMONTE SPRINGS FL 32714

645294



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.
2740 ENTERPRISE ROAD

City & State
ORANGE CITY FL

Zip
32763

3. Mailing Address

Suite, Apt. #, etc.
2740 ENTERPRISE ROAD

City & State
ORANGE CITY FL

Zip
32763

4. FEI Number

59 3631645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYLES, WILLIAM A
301 E. PINE ST., STE. 1400
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

William Leachard

1/6/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

THE NEWEST FEE IS \$150.00
After MAY 1, 2001 Fee will be \$500.00
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	DP	☐ Delete
NAME	SCATCHARD, WILLIAM III	
STREET ADDRESS	620 DOUGLAS AVE., STE. 1306	
CITY-STATE-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DV	☐ Delete
NAME	SCATCHARD, MARGARET	
STREET ADDRESS	620 DOUGLAS AVE., STE. 1306	
CITY-STATE-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DST	☐ Delete
NAME	SCATCHARD, TERRI L	
STREET ADDRESS	620 DOUGLAS AVE., STE. 1306	
CITY-STATE-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	2740 ENTERPRISE ROAD	
CITY-STATE-ZIP	ORANGE CITY, FL 32763	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	2740 ENTERPRISE ROAD	
CITY-STATE-ZIP	ORANGE CITY, FL 32763	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	2740 ENTERPRISE ROAD	
CITY-STATE-ZIP	ORANGE CITY, FL 32763	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 or 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

William Leachard

1/6/00 904 97-0035

CR2E034 (10/00)