FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2004 8:00 am
Secretary of State
03-12-2004 90013 037 ***150.00

DOCUMENT # P00000022204

1. Entity Name
Creative Breakfast Concepts, Inc.

66413969

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2740 Enterprise Rd.	2740 Enterprise Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange City FL	City & State: Orange City FL
Zip: 32763 Country: U.S.A.	Zip: 32763 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3631645 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: William A. Boyles

Street Address (P.O. Box Number is Not Acceptable): 301 E. Pine Street

Suite 1400

City: Orlando FL Zip Code: 32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	William Scatchard
STREET ADDRESS	207 River Village Drive
CITY-ST-ZIP	DeBary FL 32713
TITLE	Vice-President
NAME	Margaret Scatchard
STREET ADDRESS	207 River Village Drive
CITY-ST-ZIP	DeBary FL 32713
TITLE	Secretary
NAME	Teri Schobel
STREET ADDRESS	2740 Crudsford Circle #105
CITY-ST-ZIP	Oviedo FL 32765
TITLE	Treasurer
NAME	Shirley Premo
STREET ADDRESS	201 Santee Avenue
CITY-ST-ZIP	DeLand FL 32738
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: William Scatchard IV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #