

**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.	

DO NOT WRITE IN THIS SPACE

66413969

2. Principal Place of Business 2740 Enterprise Rd.	3. Mailing Address 2740 Enterprise Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Orlando FL	City & State Orlando FL
Zip 32763	Zip 32763
Country USA	Country USA

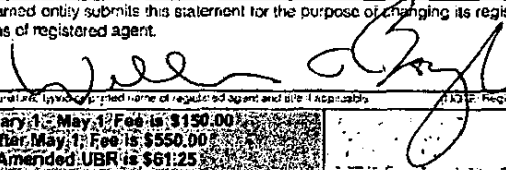
4. FEI Number 59-3631645	Applied For ☐ No: Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name William A. Boyles	
Street Address (P.O. Box Number is Not Acceptable) 301 E. GINE 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  DATE _____

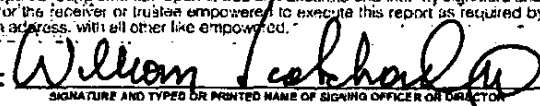
January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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-STATE-ZIP DEARBORN MI 48123	
TITLE Vice-President	NAME Margaret Scatchard
STREET ADDRESS 207 River Village Drive	
CITY-STATE-ZIP DEARBORN MI 48123	
TITLE Secretary	NAME Terri Scatchard
STREET ADDRESS 2740 Chadsworth Circle #105	
CITY-STATE-ZIP Orlando FL 32765	
TITLE Treasurer	NAME Shirley Pemo
STREET ADDRESS 101 Santee Avenue	
CITY-STATE-ZIP Deltona FL 32738	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	

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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:  DATE _____

CR20348 (12/02)