

FILED
May 17, 2001 8:00 am
Secretary of State

04-27-2001 90253 046 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102815

1. Entity Name

BAGELS PLUS, INC.

Principal Place of Business

Mailing Address

791 BROOKEDGE TERRACE
SEBASTIAN FL 32958791 BROOKEDGE TERRACE
SEBASTIAN FL 32958

2. Principal Place of Business

3. Mailing Address

250 FELLSMORE RD

791 BROOKEDGE TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT # 10

City & State

City & State

SEBASTIAN, FL

SEBASTIAN, FL

Zip

Zip

32958

Country

32958

Country

USA

USA

4. FEI Number

05-1053429

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.
 3732 N.W. 16TH STREET
 FT. LAUDERDALE FL 33311-4132

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	LOCICERO, PATRICK	
STREET ADDRESS	791 BROOKEDGE TERRACE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHAAL, MARGARET M	
STREET ADDRESS	791 BROOKEDGE TERRACE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SIMBERLUND, JANET M	
STREET ADDRESS	791 BROOKEDGE TERRACE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet M. Simberlund - JANET M. SIMBERLUND

Date

4/23/01

Daytime Phone #

561-388-9080

CR2E034 (10/00)