

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90015 018 ***150.00

DOCUMENT # P01000115613

1. Entity Name
SANDALFOOT BAGEL RESTAURANT, INC.



Principal Place of Business

**23064 SANDALFOOT PLAZA DR
BOCA RATON, FL 33428**

Mailing Address

**11906 Fountainside Circle
23064 SANDALFOOT PLAZA DR
BOCA RATON, FL 33428
Boynton Beach, Fla 33437**

24003418



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0553857

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GLICKMAN, GARRY M ESQ
1601 FORUM PLACE STE 101
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DTVP
EISEMAN, LEONARD
8203 DUOMO CIRCLE
BOYNTON BEACH, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DSP
EISEMAN, JOYCE
8203 DUOMO CIRCLE
BOYNTON BEACH, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joyce Eiseman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/04 561-732-7100