FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90089 010 ***150.00

DOCUMENT # P01000117156

1. Entity Name
WELLINGTON BAGELS & GOURMET DELI, INC.

B0056541

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14609 Drafthorse Lane	6075 Park Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite A
City & State: Wellington, FL	City & State: Pinellas Park, FL
Zip: 33414 Country: USA	Zip: 33781 Country: USA

DO NOT WRITE IN THIS SPACE

FEI Number: 65-1158898 ☐ 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: GEORGE J. SCHRIEFER.

Street Address (P.O. Box Number is Not Acceptable): 6075 Park Boulevard, Suite A

City: Pinellas Park FL Zip Code: 33781

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 name changed) DATE

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

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	GORMAN, THOMAS J. PD 14609 Drafthorse Lane Wellington, FL 33414	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	THOMAS, JENNIFER ANN VP/D/S/T 14609 Drafthorse Lane Wellington, FL 33414	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LISA M. GORMAN S/T/D 14609 Drafthorse Lane Wellington, FL 33414	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. GORMAN, Pres. X Thomas J. Gorman (561) 753-8776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #