2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P01000117364 **DOCUMENT #**

1. Entity Name

BAGELHEADS UTC, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90219 030 ***150.00

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Principal Place of Business 1791 EAST NINE MILE RD. SUITE 2 PENSACOLA FL 32514		1791 SUIT	Mailing Address 1791 EAST NINE MILE RD. SUITE 2 PENSACOLA FL 32514			T T (Control de Deux des de Deux des deux des de Deux de	88/8/ 1/83/ 1/8// 1283	D ANIO DINI DINA IDA
2. Principal (Place of Business	3. Ma	3. Mailing Address					
Suite, Apt. #, etc. City & State		Su	Suite, Apt. #, etc.			☐ CHECK HERE IF	MAKING CHAN	IGE9
		Cit	City & State			4. FEI Number 04-3618558 Applied For		
Zip	Country	Zip)	Country	<u>-</u>	5. Certificate of Status Desired		Not Applicabl Additional
	6. Name and Address of Cu	urrent Register	ed Agent			7 Nome and Address - 4 N	Fee Re	quired
	الماسينية المستشام المستنفية			Name		7. Name and Address of New Reg	istered Agent	
FREELAN	id, Kerry J							
	ST DESOTO DLA FL 32503		Street Address		Address (F	P.O. Box Number is Not Acceptable)		
PENSACU	JLA FL 32503			İ				· · · · · · · · · · · · · · · · · · ·
			City				, I	Code
8. The above the obligat	e named entity submits this statem tions of registered agent.	ent for the purp	oose of changing its	registered office	or registere	ed agent, or both, in the State of Florid	la. I am familiar	with, and accept
SIGNATURE .	Signature, typed or printed name of registered	d						
			NOTE	: Registered Agent sign	ature required v	when reinstating)	DATE	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550 k Payable to Florida Departme	0.00				9. Election Campaign Finant Trust Fund Contribution.		5.00 May Be
10.			f			f		
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	P	AND DIRECTO		11.		ADDITIONS/CHANGES TO OFFICE		
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNAZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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