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**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90718 025 \*\*\*150.00

**DOCUMENT # P01000120799**

1. Entity Name

**WILLARD'S FAMOUS BAGELS INC.**

Principal Place of Business

6560 NW STATE RD #7  
COCONUT CREEK FL 33073

Mailing Address

6560 NW STATE RD #7  
COCONUT CREEK FL 33073

36225



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

650888417

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WILLARD, JAMES

6560 NW STATE RD #7

COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

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, 2002 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 **D**  
NAME **WILLARD, JAMES**  
STREET ADDRESS **6560 NW STATE RD #7**  
CITY-ST-ZIP **COCONUT CREEK FL 33073**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President**  
NAME **Willard, Kenneth**  
STREET ADDRESS **6560 NW State Rd #7**  
CITY-ST-ZIP **Coconut Creek, FL 33073**

☐ Change☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change☐ Addition

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change☐ Addition

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 empowered.

SIGNATURE:

*Kenneth Willard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

954-571-2232

Date

Daytime Phone #

CR2E034 (9/01)