2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000069652 May 13, 2000 8:00 am Secretary of State BAKIN' BAGELS, INC. 05-13-2000 90029 008 ***150.00 Mailing Address Principal Place of Business PO BOX 1407 2096 MACADAMIA STREET FINDLAY OH 45839-1407 ST. JAMES CITY FL 33956 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0454826 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KRASNY, MIKE Street Address (P.O. Box Number is Not Acceptable) 780 SOUTH APOLLO BLVD. MELBOURNE FL 32901 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE NAME NAME KRONBERG, JOHN STREET ADDRESS STREET ADDRESS 2096 MACADAMIA STR CITY-ST-ZIP CITY-ST-ZIP ST. JAMES CITY FL Change Addition Delete TITLE TITLE NAME KRONBERG, PEGGY NAME STREET ADDRESS STREET ADDRESS 2096 MACADAMIA STR CITY-ST-ZIP CITY-ST-ZIP ST. JAMES CITY FL Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 his 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 officer like impowered.

C JOHN KRONBERG

NG OFFICER OR DIRECTOR

419-423-9845