

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90059 038 ***150.00

DOCUMENT # P94000014304

1. Entity Name
LAKELAND BAGELS, INC.

Principal Place of Business

**4128 S FLORIDA AVE
 LAKELAND FL 33813
 US**

Mailing Address

**4128 S FLORIDA AVE
 LAKELAND FL 33813
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3228322**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

~~CHICAS, MAURICIO~~
**1615 GEORGETOWN DR
 LAKELAND FL 33811**

no longer in the corporation.

7. Name and Address of New Registered Agent

Name **CHICAS MARTIN H**

Street Address (P.O. Box Number is Not Acceptable)

1091 DEMETREE DR

City **Lakeland**

FL

Zip Code **33811**

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]

MARTIN H. CHICAS (President)

4/25/02

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **V**
ROQUE, ROBERTO
 STREET ADDRESS **1850 N CENRTAL AVE SUITE 1500**
 CITY-ST-ZIP **PHOENIX AZ 85004**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
CHICAS, MARTIN H
 STREET ADDRESS **15011 NAPLES PLACE**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE Change Addition
 NAME **PRESIDENT**
MARTIN H CHICAS
 STREET ADDRESS **1091 DEMETREE DR**
 CITY-ST-ZIP **Lakeland FL. 33811**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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 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 another, or otherwise empowered.

SIGNATURE:

[Signature]

MARTIN H. CHICAS

4/25/02

(813) 607-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)