

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90023 011 \*\*\*150.00

**DOCUMENT # P95000004016**

1. Entity Name  
**GAIL'S PRETZELS, INC.**

Principal Place of Business <b>6351 NEWBERRY RD (OAKS MALL)          GAINESVILLE FL 32605</b>	Mailing Address <b>%MOODY &amp; SALZMAN. PA          P O DRAWER 2759          GAINESVILLE FL 32602</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number **59-3293895** 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  
**SALZMAN, ANTHONY J  
 MOODY, SALZMAN & ROBERTSON  
 500 E. UNIVERSITY AVENUE, SUITE A  
 GAINESVILLE FL 32602-2759**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME PD YOUNG, JAMES R	<input type="checkbox"/> Delete
STREET ADDRESS 2502 BROOKSBORO DR	
CITY-ST-ZIP ERIE PA 16510	
TITLE NAME STD YOUNG, PHYLLIS E	<input type="checkbox"/> Delete
STREET ADDRESS 2502 BROOKSBORO DR	
CITY-ST-ZIP ERIE PA 16510	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PD YOUNG JAMES R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10513 NW 14TH LANE	
CITY-ST-ZIP GAINESVILLE FL 32606	
TITLE NAME STD YOUNG PHYLLIS E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10513 NW 14TH LANE	
CITY-ST-ZIP GAINESVILLE FL 32606	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: James R. Young **JAMES R. YOUNG** 3-22-01 (352)331-0064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)