

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90030 043 ***150.00

DOCUMENT # P95000092264

1. Entity Name

BAGEL KING BAKERY & NOSH, INC.

Principal Place of Business

**777 DELTONA BLVD
 DELTONA FL 32725**

Mailing Address

**777 DELTONA BLVD
 DELTONA FL 32725**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

777 Deltona Blvd #32

Suite, Apt. #, etc.

777 Deltona Blvd #32

City & State

Deltona FL

City & State

Deltona FL

Zip

32725

Country

Zip

32725

Country

4. FEI Number

59-3352610

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

**PERROTTA, FRANK
 777 DELTONA BLVD
 DELTONA FL 32725**

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	DP	<input type="checkbox"/> Delete
NAME	PERROTTA, FRANK	
STREET ADDRESS	109 SANDY OAKS PL	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PERROTTA, TINA	
STREET ADDRESS	109 SANDY OAKS PL	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	LEMELIN, MARK & FRANCIN	
STREET ADDRESS	55 FERNCREST	
CITY-ST-ZIP	DEBARY FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RECKSEIDLER, TINAMARIE	
STREET ADDRESS	1561 MAGNOLIA	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TOURNOUR, LUCILLE	
STREET ADDRESS	3359 TCU BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TOURNOUR, SCOTT	
STREET ADDRESS	3359 TCU BLVD	
CITY-ST-ZIP	ORLANDO FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Robert Mark Lemelin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**386-
 574-5729**

CR2E034 (9/01)