2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008520

1. Entity Name

MAIN STREET BAGELS, INC.

Principal	Place	of	Business

Suite, Apt. #, etc.

Mailing Address

1915 E SILVER SPRINGS BLVD OCALA FL 34470 1915 E SILVER SPRINGS BLVD OCALA FL 34470-6918

US

2.	Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

FILED Jun 05, 2000 8:00 am Secretary of State

06-05-2000 90042 026 ***150.00



DO NOT WRITE IN THIS SPACE

						.					
City & State		City &	City & State		4 , F	4. FEI Number 59-3369755				oplied For of Applicable	
Zip Country Zip				Country 5					8.75 Add	3.75 Additional e Required	
	6. Name and Address of Curr	ent Registered	Agent		7. N	Name and Ad	dress of New R	egistered Aç	ent		
-				Name		<u> </u>					
	NETT, DOUGLAS H			Street Addr	ess (P.O. B	ox Number is	Not Acceptable	}			
	NW 56TH PLACE							<u></u>			
OCA	LA FL 34482										
				City				FL	Zip Code	e .	
. The above	named entity submits this statemen	nt for the purpos	e of changing its re	gistered office or reg	sistered age	ent, or both, in	n the State of Flo				
	, , , , , , , , , , , , , , , , , , ,				,	•					
SIGNATURE .											
	Signature, typed or printed name of registered a	igent and title if applica	able. (NOTE: R	egistered Agent signature re	equired when re	einstating)		DATE			
9. This corpo	oration is eligible to satisfy its Intanç			FEE IS \$150.00		10. Electio	on Campaign Fin	ancina	\$5.0	0 May Be	
- 0	equirement and elects to do so.			Fee will be \$550		1	und Contribution			to Fees	
(See criter	ia on back) [□ Mal	e Check Payable	to Department of							
1		ND DIRECTORS		12.	AD	DITIONS/CH	ANGES TO OFF				
ITLE	P DUDNETT DOUGLAS H		☐ Delete	TITLE				į	Change	Addition	
AME	Burnett, Douglas H 5889 NW 56TH PL			NAME							
TREET ADDRESS				STREET ADDRESS CITY-ST-ZIP							
ITY-ST-ZIP	OCALA FL 34482								Channa		
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CITY-ST-ZIP				CITY-ST-ZIP						_	
indicated of the cor	certify that the information supplied on this report or supplemental repo poration or the precipitarity trustee e	ort is true and acompowered to ex	curate and that my recute this report as	signature shall have	the same l	legal effect as	: if made under o	oath: that I an	n an officer	or director	

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-00

352-732-3888

Date

Daytime Phone #

R2E034 (9/99)