

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059624

1. Entity Name
JACKSONVILLE BAGEL ENTERPRISES, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90803 012 ***150.00

0024343 AV

Principal Place of Business
1832 BROOKWOOD ROAD
JACKSONVILLE FL 32207

Mailing Address
1832 BROOKWOOD ROAD
JACKSONVILLE FL 32207

10045184



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 59-3466431

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICHOLSON, DOROTHY A
1832 BROOKWOOD ROAD
JACKSONVILLE FL 32207

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature] 4/21/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT: ☐ Delete
NAME NICHOLSON, DOROTHY A
STREET ADDRESS 1832 BROOKWOOD ROAD
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☒ Addition
NAME S D Dorothy Nicholson
STREET ADDRESS 1832 Brookwood Rd
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VP ☒ Delete
NAME SIEGEL, DORIS L
STREET ADDRESS 1832 BROOKWOOD ROAD
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME METH, STEPHEN A
STREET ADDRESS 1832 BROOKWOOD RD
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☒ Change ☐ Addition
NAME V P Stephen METH
STREET ADDRESS 1832 Brookwood Rd
CITY-ST-ZIP Jacksonville, FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

Daytime Phone #

CR2E034 (10/02)