2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600092701 1. Entity Name

NABER'S BAKERY, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

1518 VALPARISO BLVD. NICEVILLE FL 32578 1524 VALPARAISO BLVD NICEVILLE FL 32578

3. Mailing Address

US

FILED Feb 01, 2001 8:00 am Secretary of State

02-01-2001 90072 013 ***150.00

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. F	El Number 59-3409738		oplied For		
Zip	Country		Zip	Country		5. (8.75 Additional see Required	
	and Address of Current Re			7. N	lame and Address of New Re	egistered	Agent				
HAGANS, WILLIAM M 1518 VALPARISO BLVD. NICEVILLE FL 32578					Name Street Address (P.O. Box Number is Not Acceptable)						
					City FL Zip Code						
8. The above		y submits this statement for the			fice or registe		ent, or both, in the State of Flor	rida.			
Tax filing r		ible to satisfy its Intangible: — and elects to do so.	After MAY 1, 2001 Fee will be \$ Make Check Payable to Department		be \$550.00		10. Election Campaign Fina Trust Fund Contribution		\$ 5.0 □ Added	May Be I to Fees	
11.	OFFICERS AND DIRECTORS 12.					ADI	DITIONS/CHANGES TO OFFI	CERS ANI	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		WILLIAM M PARAISO BLVD : FL	□ Delete	TITLE NAME STREET ADD CITY-ST-ZI	I .				☐ Change	☐ Addition	
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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:

William M. Hagans WILLIAM M. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01 Date

850-678-9709