

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005614

1. Entity Name

BAGELWICH DELI, INC.

Principal Place of Business

3020 PAFKO DRIVE  
SARASOTA FL 34232

Mailing Address

3020 PAFKO DRIVE  
SARASOTA FL 34232

2. Principal Place of Business

3232. 17TH STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

City & State

Zip

Country

Zip

Country

34235

U.S.A

6. Name and Address of Current Registered Agent

GORAJEK, ANNA  
3020 PAFKO DRIVE  
SARASOTA FL 34232

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, 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 PSTD  
NAME GORAJEK, BOGUSLAW  
STREET ADDRESS 3020 PAFKO DRIVE  
CITY-ST-ZIP SARASOTA FL 34232



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

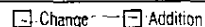
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



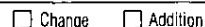
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CITY-ST-ZIP



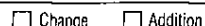
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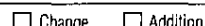
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CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BO GORAJEK

Date

Daytime Phone #

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90120 015 \*\*\*150.00

00052436



DO NOT WRITE IN THIS SPACE

0409705

CR2E034 (10/00)

04/30/01

941-957-3354