

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90539 029 \*\*\*150.00

**DOCUMENT # P97000052976**

**1. Entity Name**  
**BREAKFAST EXPRESS, INC.**



**Principal Place of Business**  
**MARCO TOWN CENTER**  
**1035 1/2 N. COLLIER BLVD.**  
**MARCO ISLAND FL 34145**

**Mailing Address**  
**MARCO TOWN CENTER**  
**1035 1/2 N. COLLIER BLVD.**  
**MARCO ISLAND FL 34145**

**2. Principal Place of Business**  
**1035 N. COLLIER BLVD**

**3. Mailing Address**  
**1035 N. COLLIER BLVD.**

Suite, Apt. #, etc.  
**STE 302**

Suite, Apt. #, etc.  
**STE 302**

City & State  
**MARCO ISLAND, FL**

City & State  
**MARCO ISLAND, FL**

Zip  
**34145-2560**

Country

Zip  
**34145-2560**

Country



☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **59-3453910**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TUCKER, E. GLENN**  
**SUNTRUST CENTRE-STE. 204**  
**950 N. COLLIER BLVD.**  
**MARCO ISLAND FL 34145**

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, 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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **FOLEY, CHIEN-PING L**  
**STREET ADDRESS** **95 DELBROOK WAY**  
**CITY-ST-ZIP** **MARCO ISLAND FL 34145**

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

**TITLE** **VP** ☐ Delete  
**NAME** **FOLEY, CHIEN-PING L**  
**STREET ADDRESS** **95 DELBROOK WAY**  
**CITY-ST-ZIP** **MARCO ISLAND FL 34145**

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

**TITLE** **S** ☐ Delete  
**NAME** **FOLEY, MICHAEL H**  
**STREET ADDRESS** **95 DELBROOK WAY**  
**CITY-ST-ZIP** **MARCO ISLAND FL 34145**

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

**TITLE** **T** ☐ Delete  
**NAME** **FOLEY, CHIEN-PING L**  
**STREET ADDRESS** **95 DELBROOK WAY**  
**CITY-ST-ZIP** **MARCO ISLAND FL 34145**

**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:**

*Chien-Ping L. Foley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHIEN-PING L. FOLEY** 4/23/03 239  
647-6900  
Date Daytime Phone #

CR2E034 (10/02)