

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2000 08:00 AM****Secretary of State****DOCUMENT # P98000048226****1. Entity Name****BAGELS AT THE BEACH, INC.****Principal Place of Business**

405-D HWY 98 E

Mailing Address

405-D HWY 98 E

DESTIN

FL

32541

32

DESTIN

FL

32541

32

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**59-3516915**

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****BARTH JAMES C**
30 SOUTH SHORE DRIVE

DESTIN

FL

32541

US

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)

04/30/2000

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, 2000 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	BROCKMAN WILLIAM H	
STREET ADDRESS	215 MISTY COURT	
CITY-ST-ZIP	DESTIN FL 32541	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCKMAN WILLIAM H	
STREET ADDRESS	587 RADIANT CIRCLE	
CITY-ST-ZIP	MARY ESTHER FL 32569	

TITLE	D	<input type="checkbox"/> Delete
NAME	BROCKMAN PEGGY P	
STREET ADDRESS	215 MISTY COURT	
CITY-ST-ZIP	DESTIN FL 32541	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCKMAN PEGGY P	
STREET ADDRESS	587 RADIANT CIRCLE	
CITY-ST-ZIP	MARY ESTHER FL 32569	

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CITY-ST-ZIP		

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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: WILLIAM H. BROCKMAN

D

04/30/2000