2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED 0 9 45 DOCUMENT # P98000085427 KNOCKOUT BAGELS, INC. 00 SEP 19 PM 2:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 18113 105TH AVENUE, SOUTH 18113 105TH AVENUE, SOUTH **BOCA RATON FL 33498 BOCA RATON FL 33498** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City'& State City & State 65-0872673 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ENGLER, CRAIG Street Address (P.O. Box Number is Not Acceptable) 18113 105TH AVENUE, SOUTH **BOCA RATON FL 33498** City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO DEFICEBS AND DIRECTORS N-11 11. OFFICERS AND DIRECTORS 12. -10/27/00-019994-024iiion ****150.00 ****150.00 ☐ Delete TITLE TITLE ENGLER, MAC NAME NAME 18113 105TH AVENUE, SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE ENGLER, CRAIG NAME NAME 18113 105TH AVENUE, SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP STD _____ Change __ _ Addition . Delete._ TITLE 🛫 TITLE ENGLER, CAROL NAME NAME STREET ADDRESS 18113 105TH AVENUE, SOUTH STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME · ··NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 35 Addition ☐ Delete TITLE STREET ADDRESS ST-ZIP CITY-ST-ZIP Addition ☐ Deiete TITLE STREET ADDRESS

Pereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is 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 line 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Daytime Phone #

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Knockout Bagels, Inc. 18113 105th Avenue South Boca Raton, Florida 33498

Division of Corporations PO Box 1500 Tallahassee, Florida 32302-1500

To Whom It May Concern;

I am writing this letter regarding my 2000 Annual Corporation Fee that I was suppose to mail out by May 1st, 2000. my father was in a car accident in April 2000 and was in the hospital for over a month. In the meantime when the return was due, he misplaced it causing us to forget about it. My mother was very upset and was not thinking at the time and didn't realize that he didn't send in the return with the payment. My parents are elderly and sometimes forget to mail things out. I am enclosing a check for \$150.00 so that my corporation will not be dissolved and ask if you can please forgive the late filing fee. I thank you in advance and appreciate your cooperation in this matter.

Sincerely,

Craig Engler