2/21

FILED
May 29, 2002 8:00 am
Secretary of State

02-28-2002 90076 041 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087861

1. Entity Name
BROWNEE'S PRETZELS, INC.

Principal Place of Business
GULF VIEW SQUARE MALL
~~9409 US HIGHWAY 19~~
PORT RICHEY FL 34668

Mailing Address
C/O DANIEL BROWN
~~7227 G LAKE MAGNOLIA DR~~ 111 Harvard Dr
~~NEW PORT RICHEY FL 34653~~ Trappe PA 19426

874UZ

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
111 Harvard Dr
Suite, Apt. #, etc.
City & State: Trappe PA
Zip: 19426
Country: Montgomery

4. FEI Number: 65-0869544 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
BROWN, DANIEL W
~~7227 G LAKE MAGNOLIA DR~~ 111 Harvard Dr
~~NEW PORT RICHEY FL 34653~~ Trappe PA 19426

7. Name and Address of New Registered Agent
Name: Marissa Wasp
Street Address (P.O. Box Number is Not Acceptable): 7210 Broadmoor Dr.
Apt 4
City: New Port Richey FL Zip Code: 34653

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: Marissa Wasp — 5-14-02
Signature, typed or printed name of registered agent and date 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, 2002 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	VSD ☐ Delete
NAME	BROWN, DAN
STREET ADDRESS	~~2727 NORTH FLETCHER AVENUE, #40 B~~ 111 Harvard Dr
CITY-ST-ZIP	~~TAMPA FL 33618~~ Trappe PA 19426
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
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TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/01)

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: SIDNEY MEADOWS — 2/15/02 — 215-605-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #