2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9900001924 Feb 03, 2000 8:00 am 1. Entity Name **Secretary of State** DOUGHMAKERS, INC. 02-03-2000 90006 023 ***150.00 Principal Place of Business Mailing Address 103 SOUTH U.S. HIGHWAY 1 103 SOUTH U.S. HIGHWAY 1 JUPITER FL 33477 JUPITER FL 33477-5132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0885796 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 Name BONANZINGA, JOHN Street Address (P.O. Box Number is Not Acceptable) 1801 SOUTH U.S. HIGHWAY 1 UNIT 10-D JUPITER FL 33477 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change TITLE □ Delete TITLE John Bonanzinga NAME STREET ADDRESS STREET ADDRESS 1801 South U.S. Highway 1, #10-D CITY-ST-ZIP CITY-ST-ZIP Jupiter, FL 33477 Change ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

John Bonanzinga

Daytime Phone #

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NATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: