

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 22, 2001 8:00 am
Secretary of State

04-26-2001 90271 031 ***150.00

DOCUMENT # P99000006527

1. Entity Name

THE HEALTHY BAGEL COMPANY, INC.

Principal Place of Business

**1500 UNIVERSITY BL WEST
 JACKSONVILLE FL 32217**

Mailing Address

**1500 UNIVERSITY BL WEST
 JACKSONVILLE FL 32217**

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

/p

Country

/p

Country

4. FE Number **59-3564859**

Applied For

Not Applicable

5. Certificate of Status Due

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PACIFICO, FRANK
 1074 WINTERHAWK DR.
 ST. AUGUSTINE FL 32086**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

/p Cont

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 not required when filing this report)

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, 2001 Fee will be \$650.00
 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	VP	☐ Delete
NAME	PACIFICO, FRANK	
STREET ADDRESS	1074 WINTERHAWK DR.	
CITY-STATE-ZIP	ST. AUGUSTINE FL 32086	
TITLE	P	☐ Delete
NAME	WALDRON, BETTY	
STREET ADDRESS	1074 WINTERPARK DRIVE	
CITY-STATE-ZIP	SAINT AUGUSTINE FL 32086	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty J. Waldron
Betty J. WALDRON
 President

5/12/01 904-730-3322

CR2E03A (10/00)