

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90030 036 \*\*\*150.00

**DOCUMENT # P99000014318**

1. Entity Name

**EXPRESS BAKERY, INC.**

Principal Place of Business

Mailing Address

1075 HILLSBORO MILE  
HILLSBORO BEACH FL 330621075 HILLSBORO MILE  
HILLSBORO BEACH FL 33062-2142

2. Principal Place of Business

1411 SW 30th Ave

3. Mailing Address

1411 SW 30th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

No. 1

No. 1

City &amp; State

City &amp; State

Pompano Beach, FL

Pompano Beach, FL

Zip

Country

Zip

Country

33069

USA

33069

USA

6. Name and Address of Current Registered Agent

4. FEI Number

65-0896670

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

DONOHO, TIM M  
1075 HILLSBORO MILE  
HILLSBORO BEACH FL 33062

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)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	Chairman of Board			
	Tim M. Donoho			
	1075 Hillsboro Mile			
	Hillsboro Beach, FL 33062			

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)