

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**  
03-01-2001 90032 019 \*\*\*150.00

**DOCUMENT # P99000065924**

1. Entity Name  
**GOURMET MUFFINS, INC.**

Principal Place of Business <b>122 N. DIXIE HWY.  W. PALM BEACH FL 33401</b>	Mailing Address <b>122 N. DIXIE HWY.  W. PALM BEACH FL 33401</b>
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>4837 Holly Drive</b> Suite, Apt. #, etc.
---	--

City & State <b>Palm Beach Gdns, FL</b>	4. FEI Number <b>65-0938509</b>
Zip <b>33418</b>	Country <b>USA.</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>HYLAND, JUDITH A  9690 HEATHER CIR. E.  W. PALM BEACH FL 33410</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																				
<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><b>P SHUPE, MARY 4837 HOLLY DRIVE PALM BEACH GARDENS FL 33418</b></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><b>VP SHUPE, DOUGLAS 4837 HOLLY DRIVE PALM BEACH GARDENS FL 33418</b></td> <td><input type="checkbox"/> Delete</td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SHUPE, MARY 4837 HOLLY DRIVE PALM BEACH GARDENS FL 33418</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SHUPE, DOUGLAS 4837 HOLLY DRIVE PALM BEACH GARDENS FL 33418</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SHUPE, MARY 4837 HOLLY DRIVE PALM BEACH GARDENS FL 33418</b>	<input type="checkbox"/> Delete																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SHUPE, DOUGLAS 4837 HOLLY DRIVE PALM BEACH GARDENS FL 33418</b>	<input type="checkbox"/> Delete																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
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: **X** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)