

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100430

1. Entity Name

BAGEL BITES, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90024 004 ***150.00

Principal Place of Business

993 NW SPRUCE RIDGE DRIVE APT 10
 STUART FL 34994

Mailing Address

993 NW SPRUCE RIDGE DRIVE APT 10
 STUART FL 34994

2. Principal Place of Business

988 SW MARTIN Downs Blvd

3. Mailing Address

SAME AS # 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm City, FL

City & State

Palm City, FL

4. FEI Number

65-0965177

Applied For

Not Applicable

Zip

34994

Country

MARTIN

Zip

34994

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BODEM, LOREN E

815 COLORADO AVE STE 305
 STUART FL 34994

Name

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

City

FL

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
 NAME D
 STREET ADDRESS IZZO, SUSAN
 CITY-ST-ZIP 993 NW SPRUCE RIDGE DRIVE APT 10
 STUART FL 34994

TITLE ☒ Change ☐ Addition
 NAME IZZO, SUSAN
 STREET ADDRESS 988 SW MARTIN Downs Blvd.
 CITY-ST-ZIP Palm City, FL 34994

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/18/2000 / 561-283-7812

CR2E034 (5/00)

Sgt 12, 2000

A0079147

To whom it may concern,

Regarding 2000 uniform Business

Report: I never received the
original notice. Based upon the
Phone call to your office & the
fact that the said Report was
mailed to the incorrect address
I am remitting the \$150.00
fee.

Thank you,

