

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90024 006 ***150.00

DOCUMENT # V51921

1. Entity Name

PRINCESS BAGEL KING, INC.

Principal Place of Business

Mailing Address

**109 SANDY OAK PLACE
 LONGWOOD FL 32779**

**109 SANDY OAK PLACE
 LONGWOOD FL 32779-9779**

2. Principal Place of Business

3. Mailing Address

1177 Baltic Lane

1177 Baltic Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Springs FL

Winter Springs, FL

Zip

Country

Zip

Country

32708

Seminole

32708

Seminole

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEROTTA, THERESA
 109 SANDY OAK PLACE
 LONGWOOD FL 32779**

Name

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

1177 Baltic Lane

City

Winter Springs

FL

Zip Code

32708

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

Donnamarie Ownby

3/30/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	OWNBY, DONNA	
STREET ADDRESS	109 SANDY OAKS PL	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PEROTTA, THERESA	
STREET ADDRESS	109 SANDY OAKS PL	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEMLIN, FRANCINE	
STREET ADDRESS	109 SANDY OAK PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOURNOUR, LUCILLE	
STREET ADDRESS	109 SANDY OAK PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	RECKSIEDLER, TINAMARIE	
STREET ADDRESS	109 SANDY OAK PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Donnamarie Ownby

V.P

3/30/00

407-341-6530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EC 1/9/01