## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## 437157 **DOCUMENT#**

1. Entity Name

SUNSHINE PARKWAY RESTAURANTS, INC.



## **FILED** Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90313 042 \*\*\*150.00

			Ne tree			
Principal Place of Business 6600 ROCKEDGE DR. DEPT. 72-928.81 BETHESDA MD 20817 US		Mailing Address 6600 ROCKLEDGE DR. DEPT. 72-928.81 BETHESDA MD 20817 US				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 34-1131787	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered	Agent	
			Name	Name		
PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301						
			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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
FILE NOW!!! FEE IS \$150.00						
After May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing	\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State				Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 11	
TITLE	PSD	☐ Delete	TITLE	,	☐ Change ☐ Addition	
NAME	MARTIN, JOE P		NAME			
STREET ADDRESS   CITY-ST-ZIP	6600 ROCKLEDGE DR MS 3-1 BETHESDA MD 20817		STREET ADDRESS CITY-ST-ZIP	•		
TITLE	VD VD	□ Delete			Change Addition	
NAME	BROWN, BERNARD	∟] Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	6600 ROCKLEDGE DR MS 3-1		STREET ADDRESS		,	
CITY-\$T-ZIP	BETHESDA MD 20817		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	POWERS, CHARLES E		NAME		(	
STREET ADDRESS	6600 ROCKLEDGE DR MS 3-1		STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MD 20817		CITY-ST-ZIP			
TITLE	T CDACLIADDI CIODGIO I	☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS	SPAGLIARDI, GIORGIO L 6600 ROCKLEDGE DR MS 3-1		NAME STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MD 20817		CITY-ST-ZIP		(	
TITLE	AS	Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME	LAURA POLVINALE	/ `	NAME		_	
STREET ADDRESS	6600 ROCKLEDGE DR., DEPT. 72-	928.81	STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MD		CITY-ST-ZIP			
TITLE	AS DARIN LAUDA A	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	BABIN, LAURA A 6600 ROCKLEDGE DRIVE DEPT 7	2/028 81	NAME STREET ADDRESS		)	
CITY-ST-ZIP	BETHESDA MD 20817	C/9C0.01	STREET ADDRESS CITY-ST-ZIP	•	(	
VIII 01:411	DETTEODY IND 20011		UIT-01-EIT			

12. Thereby 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 10 or Block 11 if

**SIGNATURE:** 

Laura A. Babin

4/21/03

(2<u>40)</u>69<u>4-4161</u>