

2002 UNIFORM BUSINESS REPORT (UBR)

0007206 AT

DOCUMENT # A32933
 1. Entity Name
THE COVERED DISH, LTD.

FILED

02 JAN 10 PM 1:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business: **322 B NE 11TH ST. GAINESVILLE FL 32601**
 Mailing Address: **PO BOX 2944 GAINESVILLE FL 32602**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

DUE BY MAY 1, 2002
 4. FEI Number: **59-3117641**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BRYSON, WILLIAM DOUGLAS DOUGLAS
322 B N.E. 11TH ST.
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent
 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]* DATE: **1/9/02**

9. Capital Contributions as Shown on record: **\$10,000.00**
 10. Amount of Capital Contributions in FLORIDA to date: **10,000**
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | |
|---------------------------------|---------------------------------|
| DOCUMENT # | V31412 |
| NAME | BRYSON ENTERPRISES, INC. |
| STREET ADDRESS | 322 B NE 11TH ST. |
| CITY-ST-ZIP | GAINESVILLE FL |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 200004777942--4 |
| CITY-ST-ZIP | -01/16/02--01044--002 |
| | ****158.75 ****158.75 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* DATE: **1/9/02** DAYTIME PHONE #: **352-373-8381**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)