

SENT BY: SHAKE'S;

4795870780;

FILED
Aug 18, 2003 8:00 am
Secretary of State

06-23-2003 90055 005 ***150.00
08-18-2003 90173 035 ***400.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #	F01000003071
1. Entity Name	
SHAKES FROZEN CUSTARD, INC.	

DO NOT WRITE IN THIS SPACE

90151416

2. Principal Place of Business 244 W DICKSON Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State FAYETTEVILLE, AR	City & State	4. FEI Number 43-1870866	Applied For Not Applicable
Zip 72701	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$3.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name CHERNICKY, WAYNE K	
Street Address (P.O. Box Number is Not Acceptable) 5 CAHABA COURT	
City DESTIN	Zip Code FL 32541

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$300.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSBORNE, DONALD E 3101 JESSICA JOPLIN MO 64804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OSSBORNE, DESSIE L 3101 JESSICA JOPLIN, MO 64804
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment

FO1000003071

Shake's Frozen Custard, Inc.

244 W. Dickson St.
Fayetteville, AR 72701

Phone: (479)587-9115
E-mail: rharrell@shakesfrozencustard.com

August 13, 2003

90151416

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find a check enclosed for the balance due of \$400.00 and a copy of the annual report/uniform business report. If you have any further questions please contact me at:

Phone: 479-587-9115
Fax: 479-587-0780
E-mail: rharrell@shakesfrozencustard.com

Thank You,

Rachel Harrell

Rachel Harrell
Accounts Payable/Receivable