

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90022 008 ***150.00

DOCUMENT # H93685

1. Entity Name

NARVERUD RESTAURANT SYSTEMS, INC.

Principal Place of Business

Mailing Address

2365 GALLAGHER AVE
 SPRING HILL FL 34606
 US

2365 GALLAGHER AVE
 SPRING HILL FL 34613-6329
 US

C0018743



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2128 Mariner Blvd
 Suite, Apt. #, etc.

6252 Commercial Way
 Suite, Apt. #, etc.
PMB 202

City & State
Spring Hill, FL

City & State
Weeki Wachee, FL

4. FEI Number **59-2626659**

Applied For
 Not Applicable

Zip Country
34609 USA

Zip Country
34613 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

NARVERUD, MARTY
2365 GALLAGHER AVE
SPRING HILL FL 34606

Name **Marty Narverud**
 Street Address (P.O. Box Number is Not Acceptable)
6252 Commercial Way
PMB 202
 City **Weeki Wachee, FL** Zip Code **34613**

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)

1-7-00

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 | PD | <input type="checkbox"/> Delete |
| NAME | NARVERUD, MARTIN P. | |
| STREET ADDRESS | PMB #202 6252 COMMERCIAL WAY | |
| CITY-ST-ZIP | WEEKI WACHEE FL 34613 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | NARVERUD, ELIZABETH A | |
| STREET ADDRESS | PMB #202 6252 COMMERCIAL WAY | |
| CITY-ST-ZIP | WEEKI WACHEE FL 34613 | |
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | LA ROCHE, RONALD E | |
| STREET ADDRESS | PMB #202 6252 COMMERCIAL WAY | |
| CITY-ST-ZIP | WEEKI WACHEE FL 34613 | |
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| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00

DATE

352-592-207

DAYTIME PHONE #