FILED Apr 07, 2002 8:00 an	n
Apr 07, 2002 8:00 an Secretary of State	
0107200230003002 130.00	

DOCUMENT # H93685  1. Entity Name  NARVERUD RESTAURANT SYSTEMS, INC.					Secretary of State 04-07-2002 90069 002 ***150.00			
Principal Place of Business 2128 MARINER BLVD SPRING HILL FL 34609 US		Mailing Address 6252 COMMERCIAL WAY PMB 202 WEEKI WACHEE FL 34613 US						
2. Principal Place of Business		3. Mailing Address			T (ODJUBA) DATO ADOLD AINAU BALBAY ARARY ONLY DADAY DADAY DADAY DADAY DADAY DADAY BADAY ARDAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4.</b> F	59-2626659		oplied For ot Applicable	
Zip ″	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Add Fee Require		
6. Name	and Address of Current Re				Name and Address of New Register	ed Agent		
NARVERUD, MARTY 6252 COMMERCIAL WAY PMB 202 WEEKI WACHEE FL 34613				Street Address (P.O. Box Number is Not Acceptable)  City   Zip Code				
						<u>- F</u>		
SIGNATURESignature, typed	d or printed name of registered agent and gible to satisfy its Intangible	title il applicable. (NOTE: R	tegistered Agent signatur FEE IS \$150.0 Fee will be \$55	e required when re 0 50.00	ent, or both, in the State of Florida.  DA  10. Election Campaign Financing Trust Fund Contribution.	\$5.0	00 May Be	
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS A	AND DIRECTORS	S IN 11	
STREET ADDRESS PMB #202	D, MARTIN P. 2 6252 COMMERCIAL WAY ACHEE FL 34613	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
STREET ADDRESS PMB #202	D, ELIZABETH A 2 6252 COMMERCIAL WAY ACHEE FL 34613	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
STREET ADDRESS PMB #202	E, RONALD E 2 6252 COMMERICAL WAY ACHEE FL 34613	* Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		an en van tra	☐ Change	^Addition	
	E, LOBERT C 202 COST COMME WACHEE, FL 30		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ssa, Susan K 202 6252 Com	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

2002 Uniform Business Report (UBR)

Addition

☐ Change