

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90090 001 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0100080523

1. Entity Name
B&K DINING SERVICE, INC.



Principal Place of Business
 200 S. INDIAN RIVER DRIVE
 SUITE 301
 FORT PIERCE, FL 34950

Mailing Address
 200 S. INDIAN RIVER DRIVE
 SUITE 301
 FORT PIERCE, FL 34950

90043950



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
 8590 Carlton Road

3. Mailing Address
 PO Box 15339

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Port St. Lucie, FL

City & State
 Fort Pierce, FL 34979

4. FEI Number
 65-1135240

Applied For
 Not Applicable

Zip
 34987

Country
 USA

Zip
 34987

Country
 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

LLOYD, ROBERT M
 200 S. INDIAN RIVER DRIVE
 SUITE 301
 FORT PIERCE, FL 34950

Name
 Robert C. Knowles

Street Address (P.O. Box Number Is Not Acceptable)

8590 Carlton Road

City
 Port St. Lucie

FL

Zip Code
 34987

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 *Robert C. Knowles*

Robert C. Knowles

28 Feb 03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$350.00
 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 | D KNOWLES, ROBERT C POST OFFICE BOX 15339 FORT PIERCE, FL 34979 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert C. Knowles*

28 Feb 03 772-201-1475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)