FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91438 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000045815

1. Entity Name
LAWLESS CAFE & DELI, INC.

Principal Place of Business
445 W. STATE RD. 436, SUITE 1033
ALTAMONTE SPRINGS, FL 32714

Mailing Address
445 W. STATE RD. 436, SUITE 1033
ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business: 445 W. S.R. 436
Suite, Apt. #, etc.: Suite 1033
City & State: Altamonte Springs, Fl.
Zip: 32714 Country: USA

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: 32714 Country: USA Seminole

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3136576 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAWLESS, JOSEPH B
445 W. STATE RD. 436, SUITE 1033
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent
Name: JOSEPH B. LAWLESS
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	PSTD	☐ Delete
NAME	LAWLESS, JOSEPH B	
STREET ADDRESS	445 W. STATE RD. 436, SUITE 1033	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] JOSEPH B. LAWLESS, Pres. 4/30/03 407 774-8827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/02)