

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90071 043 ***150.00

DOCUMENT # P96000092399

1. Entity Name

ROCK 'N' DINERS, INC.

Principal Place of Business

Mailing Address

ST DINER
12286 E COLONIAL DRIVE
ORLANDO FL 32826
US

ROCK 'N' DINERS, INC.
2140 CHAPMAN WOODS PLACE
OVIEDO FL 32765
US

2. Principal Place of Business

S+ DINER

3. Mailing Address

✓ Suite, Apt. #, etc.

Suite, Apt. #, etc.

✓ City & State

City & State

✓ Zip

Country

Zip

Country

4. FEI Number **59-3420130**

Applied For

Not Applicable

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

SCHULTZ, TERRY L
2140 CHAPMAN WOODS PLACE
OVIEDO FL 32765

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 ☐ Delete
NAME **P**
STREET ADDRESS **SCHULTZ, TERRY L**
CITY-ST-ZIP **PO BOX 2393 2140 Chapman Woods Place OVIEDO FL 32765**

TITLE ☒ Change ☐ Addition
NAME **Delete PO Box Replace**
STREET ADDRESS **with Bus. address same as above**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 if 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

04/19/01

Date

407 366 1890

Daytime Phone #

CR2E034 (10/00)