

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

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90141 038 \*\*\*150.00

|   |
|---|
| <b>DOCUMENT #</b> 323281                                      |
| <b>1. Entity Name</b><br>CANTEEN SERVICES OF WEST FLORIDA INC |

**DO NOT WRITE IN THIS SPACE**

**90061463**

|  |  |
|--|--|
| <b>2. Principal Place of Business</b><br>1219 THOMAS DR #34<br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>1219 THOMAS DR #34<br>Suite, Apt. #, etc. |
|--|--|

**DO NOT WRITE IN THIS SPACE**

|   |  |  |   |
|---|--|--|---|
| <b>City &amp; State</b><br>PANAMA CITY BEACH FL | <b>City &amp; State</b><br>PANAMA CITY BEACH, FL | <b>4. FEI Number</b><br>59-1208927                               | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>Zip</b><br>32408                             | <b>Country</b>                                   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                         |

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

|   |
|---|
| <b>Name</b><br>HAROLD HACHMEISTER   |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>1219 THOMAS DR #34 |
| <b>City</b> PANAMA CITY BEACH <b>FL</b> <b>Zip Code</b> 32408                   |

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

| 10. OFFICERS AND DIRECTORS                            |   |                        |  |
|---|---|------------------------|--|
| <b>TITLE</b><br>PD                                    | <b>NAME</b><br>HACHMEISTER, HAROLD                    | <b>TITLE</b>           |  |
| <b>STREET ADDRESS</b><br>1219 THOMAS DR #34           | <b>STREET ADDRESS</b><br>1219 THOMAS DR #34           | <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b><br>PANAMA CITY BEACH, FL 32408 | <b>CITY - ST - ZIP</b><br>PANAMA CITY BEACH, FL 32408 | <b>CITY - ST - ZIP</b> |  |
| <b>TITLE</b><br>S                                     | <b>NAME</b><br>HACHMEISTER, PATSY                     | <b>TITLE</b>           |  |
| <b>STREET ADDRESS</b><br>1219 THOMAS DR #34           | <b>STREET ADDRESS</b><br>1219 THOMAS DR #34           | <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b><br>PANAMA CITY BEACH, FL 32408 | <b>CITY - ST - ZIP</b><br>PANAMA CITY BEACH, FL 32408 | <b>CITY - ST - ZIP</b> |  |
| <b>TITLE</b>  |   | <b>TITLE</b>           |  |
| <b>NAME</b>   |   | <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>                                 |   | <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b>                                |   | <b>CITY - ST - ZIP</b> |  |
| <b>TITLE</b>  |   | <b>TITLE</b>           |  |
| <b>NAME</b>   |   | <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>                                 |   | <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b>                                |   | <b>CITY - ST - ZIP</b> |  |
| <b>TITLE</b>  |   | <b>TITLE</b>           |  |
| <b>NAME</b>   |   | <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>                                 |   | <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b>                                |   | <b>CITY - ST - ZIP</b> |  |

**DO NOT WRITE IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Harold Hachmeister* **HAROLD HACHMEISTER** **3-22-03** **(850) 249-0606**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)