

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90313 042 ***150.00

0621212 AT

DOCUMENT # 437157

1. Entity Name
SUNSHINE PARKWAY RESTAURANTS, INC.



Principal Place of Business
**6600 ROCKLEDGE DR.
DEPT. 72-928.81
BETHESDA MD 20817
US**

Mailing Address
**6600 ROCKLEDGE DR.
DEPT. 72-928.81
BETHESDA MD 20817
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **34-1131787**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MARTIN, JOE P 6600 ROCKLEDGE DR MS 3-1 BETHESDA MD 20817	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, BERNARD 6600 ROCKLEDGE DR MS 3-1 BETHESDA MD 20817	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWERS, CHARLES E 6600 ROCKLEDGE DR MS 3-1 BETHESDA MD 20817	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPAGLIARDI, GIORGIO L 6600 ROCKLEDGE DR MS 3-1 BETHESDA MD 20817	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LAURA POLVINALE 6600 ROCKLEDGE DR., DEPT. 72-928.81 BETHESDA MD	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BABIN, LAURA A 6600 ROCKLEDGE DRIVE DEPT 72/928.81 BETHESDA MD 20817	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura A. Babin

4/21/03

(240) 694-4161

Date

Daytime Phone #

CR2E034 (10/02)