

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90040 013 ***158.75

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1. Entity Name
THE GRATEFUL PALATE OF CALIFORNIA, INC.



Principal Place of Business
701 DEL NORTE BLVD., UNIT #210
OXNARD CA 93030

Mailing Address
701 DEL NORTE BLVD., UNIT #210
OXNARD CA 93030

00000001



2. Principal Place of Business

3. Mailing Address

P.O. Box 5107

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Oxnard, CA

4. FEI Number 77-0489351

Applied For
Not Applicable

Zip Country

Zip Country
93031 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

ROMAINE, LEE
1003 CLINT MOORE ROAD
BOCA RATON FL 33487

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 _____ (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 PS Delete
NAME PHILIPS, DANIEL S
STREET ADDRESS 1317 LA JOLLA
CITY-ST-ZIP THOUSAND OAKS CA 91362

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS Delete
NAME DELEAN, JULIE
STREET ADDRESS 1639 CRATER STREET
CITY-ST-ZIP SIMI VALLEY CA 93063

TITLE Change Addition
NAME Delean, Julie
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Julie Delean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 (805) 278-9095
Date Daytime Phone #

CR2E034 (10/02)