DOCU	INIFORM BUSI		RT (UB	R)	FILE	<b>)</b>	9.E.8008
1. Entity Nar OS RFS	TAURANT SERVICES, INC.				01 APR -9 AM	130	
00 1,20					CTODE	9: 39	
Principal Plac	ce of Business	Mailing Address			TALLAHASSEE EL	IAJE	
2202 NORTH V TAMPA FL 336	VESTSHORE BLVD 5TH FLOOR 107	2202 NORTH WESTSHORE E TAMPA FL 33607	BLVD 5TH FLOOF	l		ORIDA	
2. Principal f	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPACE	<b>501 51</b> (1 ( <b>55</b> )
City & Sta	te	City & State		4.	FEI Number 59-3549811	<del> </del>	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad	ditional
	6. Name and Address of Current Re	egistered Agent		7.	Name and Address of New Ro	<u>.</u>	<del></del>
			Name			•	
	iow, Joseph 2 North Westshore Blvd., 5th i	FLOOR	Street	Address (P.O	Box Number is Not Acceptable	DO NOT WRITE IN THIS SPACE  The Space Ser Space Sp	
TAM	IPA FL 33607						
		-	City			FL Zip Cod	le
8. The above	e named entity submits this statement for t	he purpose of changing its i	registered office of	or registered a	agent, or both, in the State of Flo	rida.	
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	: Registered Agent signa	ture required when	n reinstating)	DATE	
9. This corpo		FILE NOW!!	!! FEE IS \$150 01 Fee will be \$	.00 550.00	n reinstating)  10. Election Campaign Fina Trust Fund Contribution	ancing <b>\$5.0</b>	00 May Be d to Fees
9. This corpo	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!! After MAY 1, 200 Make Check Payab	!! FEE IS \$150 01 Fee will be \$	.00 550.00 nt of State	10. Election Campaign Fina	ancing \$5.0	d to Fees S iN 11
9. This corporate filing (See crite	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.  oration back)  OFFICERS AND DI  PCOO	FILE NOW!! After MAY 1, 200 Make Check Payab	PEE IS \$150 The Fee will be \$1 to Department 12.	.00 550.00 nt of State	10. Election Campaign Fina Trust Fund Contribution	ancing \$5.0	S iN 11
9. This corporate filing (See crite  11.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so, tria on back)  OFFICERS AND DI  PCOO BASHAM, ROBERT 2202 NORTH WESTSHORE BLVD.,	FILE NOW!! After MAY 1, 200 Make Check Payab RECTORS	!! FEE IS \$150 01 Fee will be \$ le to Departmen	.00 550.00 nt of State	10. Election Campaign Fina Trust Fund Contribution	ancing \$5.0  .	S iN 11
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9. This corpy Tax filing (See crite  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so. pria on back)  OFFICERS AND DI  PCOO BASHAM, ROBERT 2202 NORTH WESTSHORE BLVD., TAMPA FL 33607  CD SULLIVAN, CHRIS T	FILE NOW!! After MAY 1, 200 Make Check Payab RECTORS Delete  5TH FLOOR	I! FEE IS \$150 D1 Fee will be \$ le to Departmen  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	.00 550.00 nt of State	10. Election Campaign Fina Trust Fund Contribution	ancing \$5.0  .	S (N 11 Addition DE034 (10,00)
9. This corp Tax filing (See crite 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)  OFFICERS AND DI PCOO BASHAM, ROBERT 2202 NORTH WESTSHORE BLVD., TAMPA FL 33607  CD SULLIVAN, CHRIS T 2202 NORTH WESTSHORE BLVD.,	FILE NOW!! After MAY 1, 200 Make Check Payab RECTORS Delete  5TH FLOOR	I! FEE IS \$150 D1 Fee will be \$ le to Departmen  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	.00 550.00 nt of State	10. Election Campaign Fina Trust Fund Contribution	ancing \$5.0  i. Added  CERS AND DIRECTOR  Change	CR2E034 (10/00)
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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 agnature 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 appointed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2001

813/282-1225

Daytime Phone #