

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90075 028 ***150.00

[REDACTED]

DO NOT WRITE IN THIS SPACE

DOCUMENT # F73360

1. Entity Name
MR. WAFFLE, INC.

Principal Place of Business
8767 S.E. BRIDGE RD.
HOBE SOUND FL 33455
US

Mailing Address
8616 S.E. MAY TERR
HOBE SOUND FL 33455

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent
VELINSKY, GERROLD
8616 SE MAY TERRACE
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

11. OFFICERS AND DIRECTORS
TITLE PD
NAME VELINSKY, GERROLD
STREET ADDRESS 8616 S.E. MAY TERRACE
CITY-ST-ZIP HOBE SOUND FL 33455
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/21/02 561 546-4407
Date Daytime Phone #