2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90125 009 ***150.00

DOCUMENT # G76621

1. Entity Name
CAPLAN RESTAURANT SERVICES, INC.

Principal Place of Business	Mailing Address
2301 MAITLAND CENTER PKWY SUITE 124 MAITLAND FL 32751 US	2301 MAITLAND CENTER PKWY SUITE 124 MAITLAND FL 32751 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
501 N ORLANDO AVE	501 N ORLANDO AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MAITLAND FL	City & State: MAITLAND FL
Zip: 32751 Country: US	Zip: 32751 Country: US

4. FEI Number 59-2370451 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPLAN, WARREN R.
2301 MAITLAND CENTER
NO. 124
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name: WARREN R CAPLAN
Street Address (P.O. Box Number is Not Acceptable): 501 N ORLANDO AVE
City: MAITLAND FL Zip Code: 32751

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: Warren R Caplan 3/19/01
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, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPLAN, WARREN R. 2301 MAITLAND CENTER PKWY 124 MAITLAND FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 501 N ORLANDO AVE MAITLAND FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: Warren R Caplan WARREN R CAPLAN 4/19/01 407-660-2523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)