

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90123 007 ***558.75

DOCUMENT #

G93621

1. Entity Name

C & L DINING, INC.

Principal Place of Business

Mailing Address

C & L DINING INC
 D/B/A Happy Buddha

12701 Mc GREGOR BLVD.
 Ft. Myers, FLA-33919

2. Principal Place of Business

3. Mailing Address

Ft Myers FL.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft Myers

FL.

Zip

Country

Zip

Country

33919

Lee

33919

Lee

4. FEI Number

592383519

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

A0086744

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIANE LAWLER
 12932 ELM CREEK CT.
 Ft Myers, FL 33919

Name SAME

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

Diane Lawler

9-9-2001
 6-20-2001

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

FILE NOW!!! FEE IS \$150.00

Tax filing requirement and elects to do so: ☐

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 PRES - Vice Pres - TREAS
 STREET ADDRESS DIANE LAWLER
 CITY-ST-ZIP 12932 ELM CREEK CT
 Ft. Myers, FL 33919

☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Diane Lawler

9-9-2001 Pres.

CR2E034 (11/00)