2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

J43079 DOCUMENT #

1. Entity Name



CHEERS PUB, INC. Principal Place of Business Mailing Address 6899 W. COLONIAL DR. 6899 W. COLONIAL DR. ORLANDO FL 32818 ORLANDO FL 32818 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt, #, etc. City & State City & State 4. FEI Number 59-2740435 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent STONE, STEPHEN M. Street Address (P.O. Box Number is Not Acceptable) 725 N. MAGNOLIA AVE. ORLANDO FL 32803 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 317 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 🖏 11, ☐ Delete TITLE TITLE 🌫 🦫 SWIDER, PATRICIA J. NAME NAME 6899 W. COLONIAL DR. STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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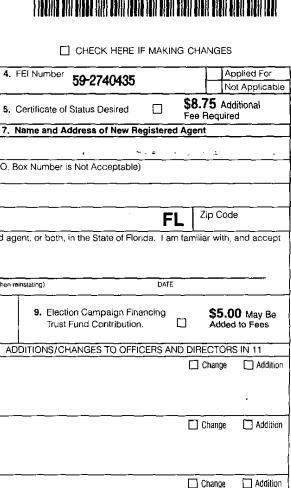
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May 05, 2003 8:00 am Secretary of State

05-05-2003 91448 009 ***150.00



12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

NAME. _

STREET ADDRESS

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

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