2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K89696 **DOCUMENT #**

1. Entity Name

CINDY'S GUYS AND DAHLS, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90551 004 ***150.00

						TO WE THE	^					
Principal Place of Business 1204 19TH PLACE VERO BEACH FL 32960			Mailing Address 1121 9TH SQUARE VERO BEACH FL 32960									
2. Principal Pl	lace of Busin	ess	3. Mailing Address							 	1 // 1/4// 101/	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	4. FEI Number 65-0121947 Applied For Not Applicab				
Zip Country			Zip			Country		5. Certificate of Status Desired See Re			ditional	
	6. Name	and Address of Currer	nt Registered	Agent			7.	Name and Address of New Regi	stered A	gent		
,						Name				-	~~~~~	
JOHNS, C' 121 9TH S				-			Street Address (P.O. Box Number is Not Acceptable)					
	CH FL 329	60								***		
						City			FL	Zip Cod	е	
the obligations.	ions of regist					d Agent signature req		gent, or both, in the State of Florida	DATE	eriillar with,	ало ассері	
After	May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department					7-	Election Campaign Financ Trust Fund Contribution.	cing		0 May Be I to Fees	
0.		OFFICERS AN	D DIRECTOR	S	11.		Α	DDITIONS/CHANGES TO OFFICE	RS AND	DIRECTORS	S IN 11	
IAME	D JOHNS, C 1121 9TH VERO BEA			☐ Delete		I				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			**	☐ Delete		1				☐ Change	☐ Addition	
ITLE				☐ Delete	NAME STREE	ET ADDRESS	- - .	n n n n n n n n n n n n n n n n n n n	. . .	Change	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	_		12.1	☐ Delete		l l				Change	Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP				☐ Delete					_	Change	Addition	
ITLE HAME TREET ADDRESS ITY-ST-ZIP				☐ Delete	CITY-	ET ADDRESS ST-ZIP		119.07(3)(i), Florida Statutes. I fur		☐ Change	Addition	

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.

SIGNATURE: