2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90977 019 ***150.00

DOCUMENT # L17790

1. Entity Name
M.A.K. RESTAURANTS, INC.

Principal Place of Business	Mailing Address
C/O J. STEPHEN GARDNER 6002 US HWY 41 P.O. BOX 3521 APOLLO BEACH, FL 33572	C/O J. STEPHEN GARDNER 6002 US HWY 41 P.O. BOX 3521 APOLLO BEACH, FL 33572

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
12902 US HWY 301 S.		12902 US HWY 301 S	
Suite, Apt. #, etc. #B		Suite, Apt. #, etc. Suite B	
City & State Riverview, FL		City & State Riverview, FL	
Zip FL	Country Hillsborough	Zip 33569	Country Hillsborough

4. FEI Number 59-2972062 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARDNER, J. STEPHEN
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602

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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNIGHT, RONALD A. 12902 US HWY 301 SUOTH SUITE B RIVERVIEW, FL 33569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KNIGHT, SANDRA A. 12902 US HWY 301 SUOTH SUITE B RIVERVIEW, FL 33569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald A Knight 23 April 2003 813 677 6775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RONALD A. KNIGHT