2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99-304

1. Entity Name
Profitable Dining of Tampa, LLC

FILED
01 OCT 29 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9210 Anderson Rd Tampa, FL 33634	P.O. Box 915215 Longwood, FL 32791

REINSTATEMENT DO NOT WRITE ABOVE THIS SPACE 2001

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 58-2394655 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: Lisa Romine

Street Address (P.O. Box Number is Not Acceptable): 104 Beaufort DR

City: Longwood FL Zip Code: 32779

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: Lisa Romine LISA Romine
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

000004666540--2
-11/06/01--01001--015
****155.00 ****155.00

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Kate Champagne 529 South Parsons Ave Apt 1013 Brandon, FL 33511	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer - Secretary Lisa Romine 104 Beaufort Dr. Longwood, FL 32791	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Jay Lanners 745 Cornish Mountain Rd Oxford, GA 30054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Lisa Romine LISA Romine - Treasurer Secretary 10/26/01 (407) 389-9912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #