## **2001 UNIFORM BUSINESS REPORT (UBR)** May 18, 2001 8:00 am Secretary of State DOCUMENT # P0000044670 05-18-2001 91765 001 \*1,100.00 J-K DINERS INC. Principal Place of Business Mailing Address 2722 PENZANCE STREET 2722 PENZANGE STREET PALM HARBOR FL 24684 PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address 2309 Couns DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired USA SA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent osemarie HARDEN, JOHN P JR Street Address (P.O. Box Number is Not Acceptable) 27-1-1-PENZANCE STREET 240+W219 PALM-HARBOR-FL-34684 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. SR2E034 (10/00) ☐ Delete TITLE NAME HARDEN, ROSEMARIE STREET ADDRESS STREET ADDRESS 2722 PENZANCE STREET CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete TITLE TITLE ohn P. Harden. NAME NAME HARDEN, JOHN P JR STREET ADDRESS STREET ADDRESS 2722 PENZANCE STREET CITY-ST-ZIP CITY-ST-ZIP <u>Palm Harbor FL 34684</u> TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZU CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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. oseman

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF