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UNIFORM	BUSINESS REPORT	' (UBR
DOCUMENT # 1. Entity Name DAD'S DINER, INC.	P00000091107	

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S. Certificate of Status Desired Fee Required	City & Stat	e		City & State			4. F	56-3672608		_ <u> </u>	<u> </u>
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BROWN, JAMES M 211 S. MAIN STREET BROOKSVILLE FL 34601 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fipride Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME 10. ADS, JAMES V 10.337 FAIRCHILD ROAD PRING HILL FL 34608 ON' 57-79 SPRING HILL FL 34608 ON' 57-29 SPRING HILL FL 34608 ON' 57-29 SPRING HILL FL 34608 ON' 57-29 ON' 57-29 ITLE NAME 10.337 FAIRCHILD ROAD ON' 57-29 SPRING HILL FL 34608 ON' 57-29 ON'		6_Name	and Address of Curren	t Registered Agent			ZNa	ame and Address of New Reg	istered Agent		
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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:

SICHWISHED WINED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #