FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # POOOOO 105459 PALATKA MAIL EATERY Inc.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Secretary of State 05-13-2002 90158 008 ***150.00
DO NOT WRITE IN THIS SI	PACE	
2. Principal Place of Business 400 Huy 9 Suite, Apt. #, etc. Suite, Apt. #, etc CABIN	1700	DO NOT WRITE IN THIS SPACE
Putnam Fla Bunnell Zip 2177 Putnam 32110	Country	4. FEI Number 2 2 - 376 43 55 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE 7. Name and Address of Current Registered Agent Name Leon—Dennis—Te Street Address (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE)	registered office or regis	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - Ma After May 1 Amended Make Check Payabi	ay 1 Fee is \$150.00 1, Fee is \$550.00 UBR is \$61.25 e to Department of S	10. Election Campaign Financing \$5.00 May Be
11. OFFICERS AND DIRECTORS TITLE PRESIDENT	TITLE	

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 attachment with an address, with all other like expowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02 561793-5018