

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90223 048 \*\*\*150.00

0402531 AV

**DOCUMENT # P00000106015**

**1. Entity Name**  
**CHEEBURGER CHEEBURGER OF DELRAY BEACH, INC.**



**Principal Place of Business**  
**450 E. ATLANTIC AVE**  
**DELRAY BEACH FL 33483**

**Mailing Address**  
**C/O COMPUKEEPER INC.**  
**1446 NW 2ND AVE STE 105**  
**BOCA RATON FL 33432**

**2. Principal Place of Business**

**3. Mailing Address**

**819 LaketAveric Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**LakeWorthFL**

**4. FEI Number 65-1053058**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**33460**

**USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DARROW, PAUL**  
**217 THATCH PALM DRIVE**  
**BOCA RATON FL 33432**

Name  
**Paul Darrow**  
Street Address (P.O. Box Number is Not Acceptable)  
**819 LakeAveric Palm Road**

City  
**Lake Worth** **FL** Zip Code  
**333460**

**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** *Paul Darrow*

**3-23-03**

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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DARROW, PAUL</b>	
STREET ADDRESS	<b>217 THATCH PALM DRIVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Paul Darrow</b>	
STREET ADDRESS	<b>819 LakeAveric Palm Road</b>	
CITY-ST-ZIP	<b>Lake Worth, FL 333460</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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** *Paul Darrow*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**P. Darrow, Pres**

**3/23/03 954-448-0145**

Date

Daytime Phone #

CR2E034 (10/02)