

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90610 030 \*\*\*150.00

**DOCUMENT # P00000106028**

1. Entity Name  
**CHEEBURGER DEVELOPMENT COMPANY, INC.**



Principal Place of Business  
**217 THATCH PALM DR  
BOCA RATON, FL 33432**

Mailing Address  
**5 COMPUKEEPER INC-  
1446 NW 2ND AVE SUITE 105  
BOCA RATON, FL 33432**

00040461

2. Principal Place of Business  
**819 Lakeland Avenue**

3. Mailing Address  
**819 Lakeland Ave.**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Lake Worth, FL**

City & State  
**Lake Worth, FL**

Zip  
**33460**

Country  
**USA**

4. FEI Number  
**65-1053049**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**DARROW, PAUL  
217 THATCH PALM DR  
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name  
**Paul Darrow**

Street Address (P.O. Box Number is Not Acceptable)  
**819 Lakeland Ave. Palm Road**

City  
**Lake Worth**

FL

Zip Code  
**33460**

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 *[Signature]* (NOTE: Registered Agent's signature required when reinstating)

DATE **3-23-03**

FILE NO WITH FEE IS \$150.00  
After May 1, 2003 Fee will be \$350.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DARROW, PAUL 217 THATCH PALM DRIVE BOCA RATON, FL 33432</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Paul Darrow 819 Lakeland Ave. Lake Worth, FL 33460</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* P. Darrow, Pr 3/23/03 954-448-0145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)