FILED

Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90080 029 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000116739 DOCUMENT

1. Entity Name

BOTELHO HOLIDAY DONUTS, INC.



Principal Plac 6920 COLUN: NEW PORT R	SWOOD COU	RT	6920 (Mailing Address 6920 COLLINSWOOD COURT NEW PORT RICHEY FL 34655				1102/372					
2. Principal F	Place of Busin	ness	3. Maili	3. Mailing Address									
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City d	City & State				58-2610706			plied For at Applicable		
Zip		Country	Zip	Zip Counti				5. Certificate of Status Desired \$8.75 Additional Fee Required					
				7. Na	ame and Address of New Regist	ered Ag	ent						
6. Name and Address of Current Registered Agent						Name		===					
), <mark>norma</mark> n Linswooi						Street Address (P.O. Box Number is Not Acceptable)						
	RT RICHEY										<u></u>		
 						City				FL	Zip Code	9	
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, typed	or printed name of registered agen	and title if appli	cable. (NOTE	: Registere	d Agent signature r	required wh	nen rein	nstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May:1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Financir Trust Fund Contribution.		Added	0 May Be to Fees	
10. OFFICERS AND DIRECTORS					11.			ADD	DITIONS/CHANGES TO OFFICER	S AND D	IRECTORS	S IN 11	
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indicated of the cor	on this répoi	e information adoptied with the receiver or this to employ the receiver or this to employ achment with air address,	s true and a	ocurate and that m	ıv sionat	ure shall have	e the sar	me led	19.07(3)(i), Florida Statutes. I furth gai effect as if made under oath; t a Statutes; and that my name app	nat Lam	an officer (or director (

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #