FOR PROFIT UNIFORM BUSIN	CORPORAT ESS REPOR	ION TON TON	Jun 03, 2002 8:00 am Secretary of State
DOCUMENT # 1. Entity Name Restaurantemp Polooco17782	•	n, Inc.	
DO NOT WRITI	• •	SPACE	90765
2. Principal Place of Business Internet Suile, Aol. #, etc.	3. Mailing Address 1983 Stat Suile, Apt. #, etc.	e.Rd 44	DO NOT WRITE IN THIS SPACE
City & State Zip Country	City & State New Smy 1	Country USA	FEI Number 59-3737058 Applied For Not Applicable S. Certificate of Status Desired \$8.75 Additional
DO NOT W	133168 /RITE	Name	Fee Required 7. Name and Address of Current Registered Agent OFIZE
IN THIS SI			82 Box Number is Not Acceptable) 82 State Rd 44 # 32 D
8. The above named/entity submits this statement f	1057	its registered office or registe	5.26
9. This corporation is eligible to satisfy its Intangible Tax liling requirement and elects to do so. (See criteria on back)	B January 1 - After Ma	DTE: Registered Agent signature require May 1 Fee is \$150.00 by 1, Fee is \$550.00 led UBR is \$61.25 able to Department of Sta	. 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
11. OFFICERS AND TILE CEO, Presiclen NAME Lori Zeller STREET ADDRESS 1982 State Rd 44 CITY-ST-ZIP New Smyrna BI	t #320	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	CR2E034B (12/01)
TTLE VLEY President NAME Jon Zeller STREET ADDRESS 1982 State Rd 44 CITY-ST-ZIP New Shyrna BC	14320 11 Fl 321168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CR2E
NAME STREET ADDRESS CITY-ST-ZIP	<u></u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
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	this filing does not qualify to true and accurate and that owered to execute this repo powered.		ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 27 , Florida Statutes; and that my name appears in Block 11 or on an
	MUT RUNE OF SIGNING OFFICER	OR DIRECTOR	CLEDNUL, Orytime Proces

	FOR PROFIT	CORPORATION	1	
,	UNIFORM BUSINE	SS REPORT ((Stachment	
DOCUMENT #				
1. Entity Name Restaurant Employee.com Inc				
P01000017782				
10100011182				-1 $\sim \sim <$
DO NOT WRITE IN THIS SPACE				4010-
2. Principal	Place of Business	3. Mailing Address 1982 Stat	Herd 44	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc. #320		DO NOT WRITE IN THIS SPACE
City & Sta	ate	City & State New Smyrna Fl		4. FEI Number 59-3737058 Applied For Not Applicable
Zip	Country		Country	5 Certificate of Status Desired 7 \$8.75 Additional
	·····			7. Name and Address of Current Registered Agent
	DO NOT W	RITE	Name Street Addres	Strend Leller
	IN THIS SP			a State Rd 44#320
			City DI	
8. The above	e named entity submits this statemer	t for the purpose of changing	Nei	USMYMA BCK FL Zip Code registered agent, or both, in the State of Florida.
	that 1	λ. Α.		5.21
SIGNATURE	Bignature typed or printed name of regis	are agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating) DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11.	OFFICERS AND D	IRECTORS		
TITLE NAME	CED, Presidient 1982 St. Rol 44 #	2 LON Zeller 320	TITLE	034B (12/01
STREET ADDRESS CITY - ST - ZIP	New Smyrna BC	hF1 32168	STREET ADDRESS CITY - ST - ZIP	033 4 8
TITLE NAME	Nue President, 3	Son Zeller	TITLE	CR2 <u>E</u>
STREET ADDRESS	Nue President, J 1982 State Rd New Smyrna	44 #320	NAME STREET ADDRESS	
CITY - ST - ZIP TITLE	NewSmyrna	DCh FI Salus	CITY - ST - ZIP TITLE	· · · · · · · · · · · · · · · · · · ·
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_CITY + ST + ZIP - +			-Citt' - St - Zif -	DO_NOT_WRITE
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CITY - ST - ZIP			CITY - ST - ZIP	
Title Name			TITLE	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP 13. I hereby ce	ertify that the information supplied wit	h this filing does not qualify fo	CITY - ST - ZIP or the exemption stated	d in Section 119.07(3)(i), Florida Statutes, I further certify that the
information an officer o	n indicated on this report or supplement	ental report is true and accur ceiver or trustee empowered	ate and that my signati to execute this report	are shall have the same legal effect as if made under oath; that i am as required by Chapter 607, Florida Statutes; and that my name 380
SIGNATU		feller		(IDr.U 17,2002 (43,905)
STF FL32381F.1	SIGNATURE AND TYPED OR	RINTED NAME OF SIGNING O	FFICER OR DIRECTOR	Date Daytime Phone #