

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90729 023 \*\*\*150.00

DOCUMENT # P01000036764  
1. Entity Name  
**BERT'S HOT BAKED GRINDER'S, INC.**  
**OF WEST PALM BEACH**

*ncw*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**2448 Okeechobee Blvd**, 3. Mailing Address  
**2448 Okeechobee Blvd**

DO NOT WRITE IN THIS SPACE

City & State  
**West Palm Beach, FL** City & State  
**West Palm Beach, FL.** 4. FEI Number  
**65-1140165** Applied For  
Not Applicable  
Zip  
**33409** Country  
**USA** Zip  
**33409** Country  
**USA** 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  
**BERT KLAWONN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1679 Flagler Parkway**  
City  
**West Palm Beach** FL Zip Code  
**33411**

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.

SIGNATURE *B. Klawonn*

*MAY 8, 02*  
DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.   
(See criteria on back) **January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State** 10. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <b>Bert Klawonn</b> <b>1679 Flagler Parkway</b> <b>West Palm Beach, FL 33411</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE *B. Klawonn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MAY 8, 02* *561 687 3382*  
Date Daytime Phone #

CR2E034B (12/01)