2003 FOR PROFIT CORPORA

UNIFORM BUSINESS REPORT

DOCUMENT # P02000041845 1. Entity Name

(Name was THE PATIO GOURMET INC

Country

6. Name and Address of Current Registered Agent

Principal Place of Business 661 MAPLEWOOD DR STE 25 JUPITER FL 33458

Suite, Apt. #, etc.

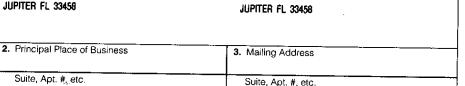
City & State

Zip

Mailing Address

City & State

661 MAPLEWOOD DR STE 25





03-04-2003 90150 001 ***300.00



CHECK HERE IF MAKING CHANGES

4. FEI Number 3867023

Applied For Not Applicable \$8.75 Additional

Fee Required 7. Name and Address of New Registered Agent

5. Certificate of Status Desired

Jarski, Chris J 661 MAPLEWOOD DR STE 25 JUPITER FL 33458

Country

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After Way 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PSTD ☐ Delete TITLE ☐ Change Addition NAME Jarski, Chris J NAME STREET ADDRESS 309 BOUGAINVILLEA DR STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP TITLE VASD ☐ Delete TITLE ☐ Change ☐ Addition NAME Jarski, anthony j NAME STREET ADDRESS 8788 SE WOODWINDS ST STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL 33458 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME: -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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: