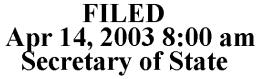
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000103222 **DOCUMENT #**



1. Entity Name ROADSIDE DINE	R OF CYPRESS	GARDENS, INC.		04-14-2003 90114 029 ***150.00				
Principal Place of Business 3378 CYPRESS GARDENS RD WINTER HAVEN FL 33884		Mailing Address 3378 CYPRESS GARDE WINTER HAVEN FL 33						
2. Principal Place of Business		3. Mailing Address		- I (Maniman in) and a rish and an and an an and an an an an and an				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number Applied For S2~2380156 Not Applied For				
Zip	Country	Zip	Country	5. Certificate of Status Desired Service Servi				
6. Na	me and Address of Cu	irrent Registered Agent		7. Name and Address of New Registered Agent				
COLLINS, DEBRA 3378 CYPRESS GA WINTER HAVEN FL			Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)				
			City	City FL Zip Code				
8. The above named enthe obligations of reg		nent for the purpose of changing	its registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE Signature, ty	ped or printed name of registere	d agent and title if applicable. (f	NOTE: Registered Agent signature require	ed when reinstating) DATE				
	VIII FEE IS \$150.0 2003 Fee will be \$55 to Florida Departm	0.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								

TITLE	, — · · · · · · · · · · · · · · · · · ·	TITLE		☐ Change	☐ Addition
	COLLINS, DEBRA	NAME			
STREET ADDRESS	415 JAMES AVE	STREET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL 33823	CITY-ST-ZIP			
TITLE	D OBUUM, PAULINE Od um, Pauline Delete 301 ALACHUD DRSE 301 ALachua DrSE	TITLE	President odum Pauline 301 alachua Drse	☐ Change	☐ Addition
NAME	ODUUM, PAULINE COLUM, Tauline	NAME	odum, Pauline		
STREET ADDRESS	381 ALACHUD DRISE 30/ MLachua JVSE	STREET ADDRESS	30Lalachua Drsz		
CITY-ST-ZIP	WINTER HAVEN FL 33884	CITY-ST-ZIP	WINTER Haven 151 33884		
= TITLE-> · · ·	D	THILE		☐ Change	☐ Addition
NAME	HARRIS, SHIRLEY	NAME			
STREET ADDRESS	1014 BILTMORE DR NW	STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33881	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change	Addition
NAME		NAME	·		
STREET ADDRESS		STREET ADDRESS			Į
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		☐ Change	Addition
NAME	·	NAME			ì
STREET ADDRESS		STREET ADDRESS			,
CITY-ST-7IP		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