

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90171 041 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000059060 1. Entity Name EVERETTS OLD TYMES EATERY, INC.																																																																																																																																			
Principal Place of Business 4335 BOGGY CREEK ROAD KISSIMMEE, FL 34744			Mailing Address 4335 BOGGY CREEK ROAD KISSIMMEE, FL 34744																																																																																																																																
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																
City & State			City & State																																																																																																																																
Zip		Country		4. FEI Number 59-3199584																																																																																																																															
5. Certificate of Status Desired ☐				Applied For Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent EVERETT, NANCY M 4335 BOGGY CREEK ROAD KISSIMMEE, FL 34744																																																																																																																																			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when appointing))																																																																																																																																			
FILE NOW!! FEES \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐																																																																																																																															
\$5.00 May Be Added to Fees				CR2EC34 (1/0/02)																																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>EVERETT, NANCY M</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>4335 BOGGY CREEK ROAD</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td>KISSIMMEE, FL 34744</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>EVERETT, HARRY M</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4335 BOGGY CREEK RD.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KISSIMMEE, FL 34744</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	EVERETT, NANCY M		STREET ADDRESS			CITY-ST-ZIP	4335 BOGGY CREEK ROAD		CITY-ST-ZIP				KISSIMMEE, FL 34744					TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	EVERETT, HARRY M		NAME			STREET ADDRESS	4335 BOGGY CREEK RD.		STREET ADDRESS			CITY-ST-ZIP	KISSIMMEE, FL 34744		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		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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 an other like empowered.																																																																																																																																			
SIGNATURE Harry M. Everett 4/18/03 407-933-4400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																			