FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P93 0000 70 49 9  1. Entity Name  The Salad Werks, Inc. d/b/a Porky's Last Stand						05-03-2004 90699 019 ***300.00		
	DO N	OT WRITE	IN THIS SI	PACE				
2. Principal Place of Business 701 Bald Eagle Dr 3. Mailing Address 950 N. Collier Blvd			d	<u>, as in </u>				
Suite, Apt #, etc. Suite, /			Suite, Apt. #, etc. Suite 414	uile, Apt. #, elc.		DO NOT WRITE IN THIS SPACE		
City & Stat Marco Is			City & State Marco Island, FI		<b>4.</b> F	El Number 65-0455654	Applied For	
Zip 34145-27	745	Country USA	Zip 34145-6642	Country USA	5. (	Certificate of Status Desired	\$8.75 Additional Fee Required	
· KANA				3 8	7. Na	me and Address of Current Registers		
	and the second s			Na Na		ni, A. Wayne		
	a a restrict of the	O NOT WI	PERMITTED AND AREA OF A CANADA LIN	Sti		P.O. Box Number is Not Acceptable)		
		N THIS SP	ACE	4	1 E. Pelican St	reet		
				Ci			Zip Code	
_8. The above	named entity	y submits this statement for	he purpose of changing its	realstered of		ent, or both, in the State of Florida. I am	L   3/1112	
the obligat	tions of regist	ered agent.					The same state of	
SIGNATURE,	Signature, typea	or printed name of registered agent an	i title if applicable. (NOTE	- Registered Agen	i signatore required when re	instating) DATE		
- ∵age ya	nuary 1 - Ma	ay 1 Fee is \$150.00						
Make Chack	Amended	f, Fee is \$550.00 UBR is \$61.25 Florida Department of S				Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
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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 dustreet exponents of the corporation or the receiver or dustreet exposured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like engagements.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SONING OFFICER OR DIRECTOR

Y 7/AX

630 830 3/00

Affachment 52/050563

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1, Entity Nar	MENT # $P99$ dolph Packing, Co.	50000704	94				
	DO-NOT WRIT	E IN THIS SI	PACE				
2. Principal Place of Business		Mailing Address     275 Roma Jean Pkwy					
275 Roma Jean Pkwy Suite, Apt. #. etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Streamwood, IL		City & State Streamwood, IL		4.	76-2742176	Applied For Not Applicable	
<sup>Ζίρ</sup> 60107	Country <b>USA</b>	Zip 60107	Country USA	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
1			Nan		ame and Address of Current Re	gistered Agent	
	DO NOT V	VRITE	8 3개	Carmigna	ni, A. Wayne  Box Number is Not Acceptable)		
وائم. ماراند	IN THIS S			`			
			41 City	E. Pelican S		Zip Code	
• 9. Tho about	e named entity submits this statement	for the purpose of abone inc. its		Isles of Cap		FL   34113	
SIGNATURE	Signature, typed or printed name of registered ago		E. Registered Agents	ilgnajure requirad when r	orstatinji)	DATE	
Silvation (	muary 1 - May 1 - Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Department				Election Campaign Financ Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	
10.	OFFICERS AN	D DIRECTORS	100 A 100				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PS Carmignani, A. Wayne 41 E. Pelican Street Isla	es of Capri, FL 34113	NAME STREET ADDRI	ESS			
HILE NAME STREET ADDRESS CITY-ST-ZIP	VT Carmignani, Angelo B. 5802 Glencove Drive, #3	08 Naples, FL 33963	NAME STREET ADDRI CITY ST-ZIP	ESS			
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12. I hereby indicate of the cattachm	certify that the information supplied vid on this report or supplemental report or proportion or the receiver or trusteed entities an address, with all officers of TURE:	tis true and accurate and that in impowered to execute this report in powered to execute this report in powered to the control of the control	my signature sh ort as required t	stated in Section all have the same by Chapter 607, FI	119.07(3)(i). Florida Statutes, I fu legal effect as if made under oat orda Statutes; and that my name	rther certify that the information h; that I am an officer or director appears in Block 10 or on an	
_	SIGNATURE AND TYPED (	OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		/ det0	Daytima Prione #	