

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000000005**

1. Entity Name
RESTAURANT AND INSTITUTIONAL SERVICES, INC.

Principal Place of Business
**17812 LIVINGSTON AVE
LUTZ FL 33549
US**

Mailing Address
**PO BOX 458
LUTZ FL 33549
US**

05-28-2002 01:791 025 ***758.75
FILED
P94000000005

02 JUL -5 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

01-02

2. Principal Place of Business
17512 Livingston Ave
Suite, Apt. #, etc.

3. Mailing Address
PO Box 458
Suite, Apt. #, etc.

City & State
Lutz, FL

City & State
Lutz, FL

Zip
33559

Country
H.11s

Zip
33548

Country
H.11s

4. FEI Number
59-3221920

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PATTON, SUSAN
17812 LIVINGSTON AVE
LUTZ FL 33549**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
17512 Livingston Ave
City
FL Zip Code
33559

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 **Susan Patton**
Signature, typed or printed name of registered agent and title if applicable

[Signature]
(NOTE: Registered Agent signature required when reinstating)

11/12/01
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	P HOPP, SCOTT 4327 15TH WAY PALMETTO FL 34221	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PATTON, MICHAEL T 17812 LIVINGSTON AVE LUTZ FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOPP, DEANNE 11576 WCR 52 MILLIKEN CO 80543	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PATTON, SUSAN 17812 LIVINGSTON AVE LUTZ FL 33549	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	REsigned	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Patton, Michael 17512 Livingston Ave Lutz, FL 33559	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REsigned	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T Susan Patton 17512 Livingston Ave Lutz, FL 33559	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	800006329118	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	-07/11/02--01033--018	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	****150.00 ****150.00	☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Susan Patton** **4/16/02** **813 909 7943**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)