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

## DOCUMENT #

P95000048592

1. Entity Name

SHERRI'S FRIENDS AND COMPANY RESTAURANT, INC.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90275 010 \*\*\*150.00

Principal Place of Business 19630 S. TAMIAMI TRAIL FT. MYERS FL 33908  2. Principal Place of Business		Mailing Address 19630 S. TAMIAMI TRAIL FT. MYERS FL 33908  3. Mailing Address			;	i ibbiilbe iib ibiib bibii bbiii baiii baiii	<b>1</b> 116 <b>4:00</b> 1 1 <b>0:4: 0</b> 14:	<b>. 19</b> 11 <b>0</b> (1 <b>0</b> 1 100)	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4.	FEI Number 65-0591175	5-0591175 Applied For		
Zip	Country	Zip		Country	5.	Certificate of Status Desired	\$8.75 Ac		
	6. Name and Address of Current	Registere	d Agent	<u> </u>	7. 1	Name and Address of New Register	•	<del></del>	
	-		پ میسید	Name -			e e e	<del> </del>	
MANEE, S 19630 S.	Sherri Tamiami trail ************************************	Street Ac			ldress (P.O. E	ess (P.O. Box Number is Not Acceptable)			
FT. MYER	S FL 33908				<del></del>			·	
				City			Zip Cod	de	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	r the purpo	ose of changing its	registered office or r	registered ag	ent, or both, in the State of Florida.	am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent			: Registered Agent signatum					
After Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	į.				B. Election Campaign Financing     Trust Fund Contribution.	\$5.0	00 May Be	
10.	OFFICERS AND	DIRECTOR	<del></del>	11,	AD	DITIONS/CHANGES TO OFFICERS	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANEE, SHERRI 19630 S. TAMIAMI TRAIL FT. MYERS FL 33908		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NTLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	Change	Addition	
TITLE NAME STREET ADDRESS STY-ST-ZIP		***	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Cḥange	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	+ t-		Change	Addition	
TLE AME IREET ADDRESS ITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	

2. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-03

2 47-2772 Daytime Phone #