

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080082

1. Entity Name

M & S RESTAURANT EQUIPMENT COMPANY

**FILED**  
Feb 05, 2000 8:00 am  
Secretary of State

02-05-2000 90006 028 \*\*\*150.00

Principal Place of Business

1806 MADRID AVE  
LAKE WORTH FL 33460

Mailing Address

1806 MADRID AVE  
LAKE WORTH FL 33461-3316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0650765

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHILLINGWORTH, CHARLES C  
2090 PALM BEACH LAKES BLVD  
SUITE 800  
WEST PALM BEACH FL 33409

Name

MICHAEL C. BUTLER JR.

Street Address (P.O. Box Number is Not Acceptable)

802 N. L STREET

City

LAKE WORTH

FL

Zip Code 33460

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

*Michael C. Butler Jr.*

MICHAEL C. BUTLER JR.

1-31-00

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 PSD  
NAME SEGERSTROM, SUSAN C  
STREET ADDRESS 802 N L STREET  
CITY-ST-ZIP LAKE WORTH FL 33460 ☐ Delete

TITLE VTD  
NAME BUTLER, MICHAEL C JR  
STREET ADDRESS 802 N L ST  
CITY-ST-ZIP LAKE WORTH FL 33460 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Michael C. Butler Jr.*

MICHAEL C. BUTLER JR. 1-31-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-547-0200