2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9500080082 1. Entity Name M & S RESTAURANT EQUIPMENT COMPANY						Feb 20, 2002 8:00 am Secretary of State 02-20-2002 90001 046 ***150.00				
Principal Place 1806 MADRIE LAKE WORTH		Mailing Address 1806 MADRID AVE LAKE WORTH FL 33460					<u> 2 Markadri kita kakati dikiti darki d</u>	1 351 18 631 16 16 31		L KOKIN INDI KONA
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	de	City & State				4. FEI N	Number 65-065076	 5	_ 	oplied For
Zip	Country	Zip Cour		try	5. Certificate of Status Desired S8.75 Additional Fee Required			ditional		
•	6. Name and Address of Curren				I	7. Nam	e and Address of New F		···········	
		J		Name				g135		
BUTLER, MICHAEL C JR				Street A	Address (P.O. Box Number is Not Acceptable)					
802 N "L" STREET LAKE WORTH FL 33460						- ->	000	1 -	4.0	
DANE WO	7H11 FE 33400			City	06 12 K	<u> </u>	DHULS	FL	AL) Zip Cod	461
8. The above	named entity submits this statement f	or the purpose of changing its	register	ed office or	r registere	ed agent,		orida.		70
SIGNATURE .	Michaele	Buther	<u>}.</u>					01-3	0-0	2
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	egistere	d Agent signati	ure required	when reinstat	ing) 	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NC After May 1 Make Check Pa			2 Fee		50.00		Election Campaign Fir Trust Fund Contribution	~ —		0 May Be I to Fees
11.	OFFICERS AND	DIRECTORS	12.			ADDITI	ONS/CHANGES TO OFF	ICERS AND D	RECTOR	S IN 11
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	PSD SEGERSTROM, SUSAN C 802 N L STREET LAKE WORTH FL 33460	☐ Delete			40	63	DAUIS WORTH,		2 Change) .3 3 4	Addition
TITLE	VTD	☐ Delete	TITLE		~~	/ <u>C.</u> A.	, WORLILL,	,		☐ Addition
NAME STREET ADDRESS	BUTLER, MICHAEL C JR 802 N L ST		NAM		44.5	43	DAUTS A WORTH,		_	
CITY-ST-ZIP	LAKE WORTH FL 33460			-ST-ZIP	4	1 K C	WORTH.	FL :	334	61
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						[Change	Addition
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CITY-ST-ZIP			1	-ST-ZIP						
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CITY-ST-ZIP				-ST-ZIP				г	¬ сь	☐ #JJ90
NAME !		☐ Defete	TITLE					L	Change	☐ Addition
STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·		- et address			TO SEASO	<u>.</u>		
CITY-ST-ZIP		····	CITY	-ST-ZIP						
13. I hereby o	certify that the information supplied wit	h this filing does not qualify for	the exe	nption stat	ed in Sec	tion 119.0	07(3)(i), Florida Statutes.	I further certify	that the in	formation

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. 01-30-02 MICHAEL C. BUTLERIR 561-547-0200 SIGNATURE: