

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90235 006 \*\*\*150.00

0420687 AV

**DOCUMENT # P95000080082**

**1. Entity Name**  
**M & S RESTAURANT EQUIPMENT COMPANY**



**Principal Place of Business**  
**1806 MADRID AVE**  
**LAKE WORTH FL 33460**

**Mailing Address**  
**1806 MADRID AVE**  
**LAKE WORTH FL 33460**

**2. Principal Place of Business**

**2915 Hillsboro Rd.**

**3. Mailing Address**

**2915 Hillsboro Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**WEST PALM BEACH, FL**

**City & State**

**WEST PALM BEACH, FL**

**Zip**

**33405**

**Country**

**PALESTINE**

**Zip**

**33405**

**Country**

**PALESTINE**

**6. Name and Address of Current Registered Agent**

**BUTLER, MICHAEL C JR**  
**4063 DAVIS RD**  
**LAKE WORTH FL 33461**

**7. Name and Address of New Registered Agent**

**Name**

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

**City**

**FL**

**Zip Code**

**4. FEI Number**

**65-0650765**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PSD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SEGERSTROM, SUSAN C</b>	
<b>STREET ADDRESS</b>	<b>4063 DAVIS RD</b>	
<b>CITY-ST-ZIP</b>	<b>LAKE WORTH FL 33461</b>	
<b>TITLE</b>	<b>VTD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BUTLER, MICHAEL C JR</b>	
<b>STREET ADDRESS</b>	<b>4063 DAVIS RD</b>	
<b>CITY-ST-ZIP</b>	<b>LAKE WORTH FL 33461</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>NAME</b>		
<b>STREET ADDRESS</b>		
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<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
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<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. 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:**

**Michael C Butler, Vice President**

**Date**

**Daytime Phone #**

**04/13/03 561-832-3260**

CR2E034 (10/02)