2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089136 1. Entity Name

BREYARD

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

OFFICERS AND DIRECTORS

6. Name and Address of Current Registered Agent

BOB & SHERRY'S LUNCH PAD, INC.

MERRIF

Principal Place of Business

Apt. #, etc

MURRAY, ROBERT

485 E. MERRIMAC DR. MERRITT ISLAND FL 32952

9. This corporation is eligible to satisfy its Intangible

MURRAY, ROBERT

485 E. MERRIMAC DR.

MERRITT ISLAND FL 32952

Tax filing requirement and elects to do so.

(See criteria on back)

City & State

SIGNATURE

11.

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP TITLE

CITY-ST-ZIP

Mailing Address

485 E. MERRIMAC DR. MERRITT ISLAND FL 32952 2510 MERRI OAKS CT. COCOA FL 32926

3. Mailing Address 25 10 MENUE

Suite, Apt. #, etc.

City & State

Zip

C) Avs

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

Delete

☐ Delete

☐ Delete

☐ Delete

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☐ Delete

12.

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

NAME

TITLE

NAME

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NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

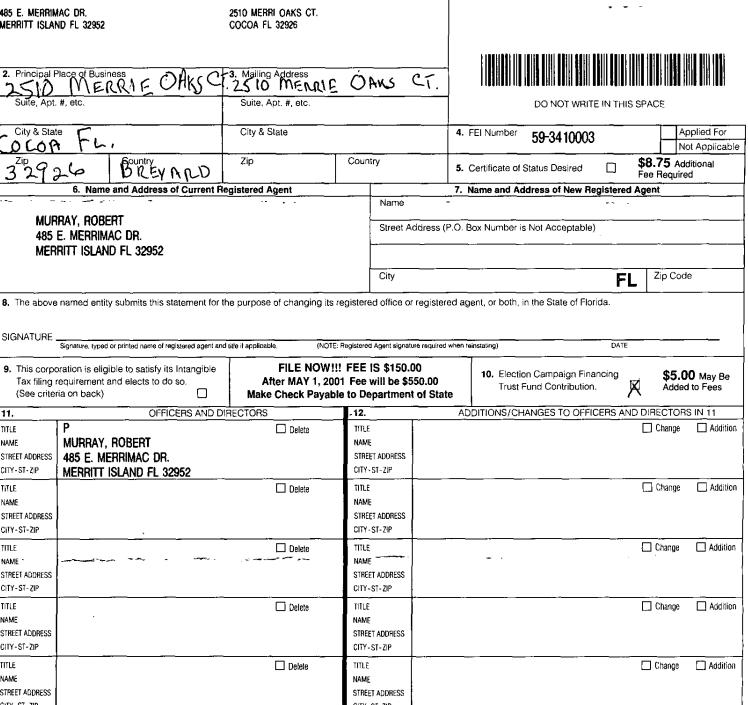
CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

City

FILED May 17, 2001 8:00 am Secretary of State 05-17-2001 91080 020 ***155.00



CITY-ST-ZIP CITY - ST-71P 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:

ED NAME OF SIGNING OFFICER OR DIRECTOR

OBERT

Daytime Phone #

☐ Change

☐ Addition