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2002 Uniform Business Report (UBR)

Mar 20, 2002 8:00 am P96000092399 DOCUMENT # **Secretary of State** 1. Entity Name 03-20-2002 90050 031 ***150.00 ROCK 'N' DINERS, INC. Principal Place of Business Mailing Address ROCK 'N' DINERS. INC. /5+DINER 5 + DINER 2140 CHAPMAN WOODS PLACE 12286 E COCONIAL DR. 12286 E COLONIAL DRIVE OVIEDO FL 32765 ORLANDO FL 32826 ORLANDO, FL 33/826 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3420130 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHULTZ, TERRY L Street Address (P.O. Box Number is Not Acceptable) 2140 CHAPMAN WOODS PLACE OVIEDO FL 32765 Zip Code 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, typed or p signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 V.P. Addition TITLE ☐ Delete TITLE Change PauleTE M. Dussault NAME SCHULTZ, TERRY L NAME STREET ADDRESS 2140 CHAPMAN WOODS PLACE STREET ADDRESS 2016 FOXBORD Dr. CITY-ST-7/P CITY-ST-ZIP OVIEDO FL 32765 ORLANDO, FL 328/S TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an add

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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if