

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

TABLE MATE, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

12130 LONSDALE LANE

Suite, Apt. #, etc.

3. Mailing Address

12130 LONSDALE LANE

Suite, Apt. #, etc.

City & State

ROSWELL, GA

Zip

30075

Country

USA

City & State

ROSWELL, GA

Zip

30075

Country

USA

4. FEI Number

59-3467978

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

DANIEL J. KOLEOS

515 E. LAS OLAS BLVD

SUITE 1050

FORT LAUDERDALE, FL 33301 US

Name

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

City

FL

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MULBERGER, DENNIS	
STREET ADDRESS	1389 WILLIAMS ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID J. KOLEOS	
STREET ADDRESS	12130 LONSDALE LANE	
CITY-ST-ZIP	ROSWELL, GA 30075	
TITLE	DAVID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS PARTAIN	
STREET ADDRESS	157 SPRUCE STREET	
CITY-ST-ZIP	ROSWELL, GA 30075	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORETTA L. KOLEOS	
STREET ADDRESS	12130 LONSDALE LANE	
CITY-ST-ZIP	ROSWELL, GA 30075	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

DAVID J. KOLEOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/00

Date

770-641-8551

Daytime Phone #

CR2E034 (9/99)