


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90173 017 ***150.00

DOCUMENT # P 970000 70825	
1. Entity Name RestAurANT Equipment Maintenance Management, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5535 Shad Rd.		3. Mailing Address P.O. Box 23882	
Suite, Apt. #, etc. #58		Suite, Apt. #, etc. -	
City & State Jacksonville, FL.		City & State Jacksonville, FL.	
Zip 32257	Country DUVAL	Zip 32223	Country DUVAL

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3463270		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name ZIANET Daley Street Address (P.O. Box Number is Not Acceptable) 2831 LAKE VISTA RD. City JACKSONVILLE FL 32223		

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  **5-5-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Daley Thomas F. 2831 LAKE VISTA Rd. JACKSONVILLE, FL. 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Daley, ZIANET C. 2831 LAKE VISTA Rd. JACKSONVILLE, FL. 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE:  **5-5-03 (904) 260-0857**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)



Restaurant Equipment Maintenance Mmgt. Inc.

P.O. BOX 23882
JACKSONVILLE, FL. 32241
PHONE# 904-260-0857
FAX# 904-268-8618

80116484
P97000070825

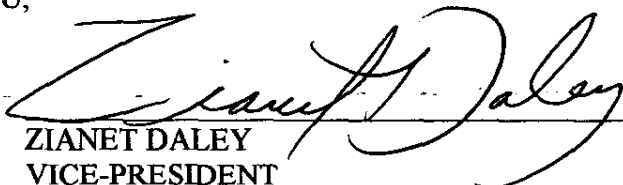
DATE: 5-5-2003

TO: DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

I'M SENDING THIS LETTER TO CORRECT MY BUSINESS MAILING ADDRESS. I SPOKE TO A REPRESENTATIVE OF THE DIVISION OF CORPORATIONS ENQUIRING ABOUT MY FORMS FOR THE YEAR 2003 AND THEY HAD MY MAILING ADDRESS INCORRECT. THE LADY TOLD ME TO GO TO THE INTERNET AND DOWNLOAD THE FORM AND SEND IT TODAY. MY BUSINESS DO NOT ACCEPT MAIL AT MY PLACE OF BUSINESS AND WE HAVE A PO BOX WHERE WE RECEIVE ALL OUR MAIL.

PLEASE CHANGE MY MAILING ADDRESS TO: P.O. BOX 23882
JACKSONVILLE, FL. 32241

THANK YOU,


ZIANET DALEY
VICE-PRESIDENT