2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE: 3

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P98000072670 COMMON SENSE RESTAURANT CONSULTING, INC. 03-15-2000 90080 044 ***150.00 Mailing Address Principal Place of Business 795 WILLOW COURT 795 WILLOW COURT MARCO ISLAND FL 34145-2545 MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suité, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City'& State Applied For 4. FEI Number 65-0857807 Not Applicable Zip Country Country Zip \$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 RAINONE, ANTHONY D Street Address (P.O. Box Number is Not Acceptable) 795 WILLOW COURT MARCO ISLAND FL 34145 Zip Code FL 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition □ Delete TITLE RAINONE, ANTHONY D NAME NAME 795 WILLOW COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP Change TITLE ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemetten 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 trasted empowered to execute this report as pouried by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in B

quired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if