2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attac

SIGNATURE

with an address

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

like empowered

DOCUMENT # **P98000076428** May 30, 2000 8:00 am Secretary of State AMERICAN RESTAURANT REPAIR SERVICES INC. 05-30-2000 90088 017 ***150.00 Principal Place of Business Mailing Address 7332 WOODHILL PARK DR. #1221 17332 WOODHILL PARK DR. #1221 ORLANDO FL 32818 ORLANDO FL 32818 2. Principal Place of Posiness Mailing Address **59**5 Modec DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For -4. FEI Number 59-3515355 Not Applicable \$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 LATSON, LINDA Street Address (P.O. Box Number is Not Acceptable) 7332 WOODHILL PK. DR. #1221 ORLANDO FL 32818 Zip Code FL ity submits this statement for the purpose of 🏚 nanging its registered office or registered agent, or both, in the State of Florida. 8. The aboy SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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 П 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition CEO □ Delete TITLE NAME NAME 'eatson, linda----STREET ADDRESS STREET ADDRESS 7332 WOODHILL PARK DR. #1221 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 Change ☐ Delete ☐ Addition NAME NAME DANIELS, WELLICE STREET ADDRESS 7332 WOODHILL PARK DR. #1221 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME KING, BREAHNA STREET ADDRESS STREET ADDRESS 7332 WOODHILL PARK DR. #1221 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 ☐ Change Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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