## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## FILED DOCUMENT # P98000094405 Apr 23, 2000 8:00 am Secretary of State THE YELLOW SUBMARINE CAFE, INC. من المالية المالية المالية المالية المالية 04-23-2000 90045 005 \*\*\*150.00 Principal Place of Business Mailing Address 12578 SPRING HILL DR. 12578 SPRING HILL DR. SPRING HILL FL 34609 SPRING HILL FL 34609-5000 2. Principal Place of Business 3. Mailing Address 12578 SPRING HIPT FL SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3540028 SAME HILL PRIVA Not Applicable Country Zip \$8.75 Additional 5 Certificate of Status Desired Her NANDO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIBITETTO, LEONARD R Street Address (P.O. Box Number is Not Acceptable) 12578 SPRING HILL DR. SPRING HILL FL 34609 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 ...:Tax filing requirement and elects to do so. 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. Addition Change TITLE ☐ Delete DIBITETTO, LEONARD R NAME STREET ADDRESS 12578 SPRING HILL DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34609 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

CONNYO R. D. B. FETTO