2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State
08-19-2002 90150 005 ***150.00

DOCUMENT # P98000104256

1. Entity Name
PAT EVERETT'S OLD TYMES EATERY, INC.

Principal Place of Business	Mailing Address
3419 13TH ST. ST. CLOUD FL 34769	3419 13TH ST. ST. CLOUD FL 34769

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	PO Box 700335
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: St. Cloud, Fl
Zip / Country	Zip: 34770 / Country: USA

4. FEI Number: 59-3545872 ☐ 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
PALMER, PARTICIA A 3419 13TH ST. ST. CLOUD FL 34769	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D PALMER, PATRICIA A 3419 13TH ST. ST. CLOUD FL 34769	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP ELLIOTT, AMANDA 3419 13TH ST. SAINT CLOUD FL 34769	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP RIVARD, CHRISTOPHER 3419 13TH ST SAINT CLOUD FL 34769	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Patricia A. Palmer 4.2.02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 975791
Doc. # P98000104256

F. A., Inc.

• P.O. Box 700335 • St. Cloud, Fl 34770 • Voice 407 301-4200 • Fax 407 957-6307 •

August 16, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

I have contacted you office because Pat Everett's Old Tymes Eatery, Inc. UBR has not shown up as filed on the Internet. I mailed the report myself in April of 2002.

I am attaching a copy of the 2002 UBR and a new check, number 4745 in the amount of $150.00; please process this under the lost mail provisions. It is my understanding that there will not be any penalties accesses nor will the corporation be dissolved.

Thank you,

Richard Marino

Thanks,

Richard Marino
President