FILED

May 22, 2000 8:00 am Secretary of State

04-22-2000 90087 007 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCTMENT # P99000035171

STEWART'S HAPPY DAYS DRIVE-IN, INC.

Principal Place of Business

Mailing Address

13180 NORTH CLEVELAND AVE. STE. 116

13180 NORTH CLEVELAND AVE. STE. 116

NORTH FT. MYERS FL 339U3			NUMTH FT. MYERS PL 33903-6230				0.02.201.9				
2. Principal Pla	ace of Busin	ess	3. Mailing Address								
Suite, Apt. #	Noth	we st	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
oute, Apt. 1	r, 610.		Suite, Apr. #, Elo.				DO NOT WRITE IN THIS SPACE				
City & State	WILLES .	Fringers	City & State FT 114023	Finyers			El Number 9101	25_	Not	Plied For Applicable	
3390/ Country ee			3390/	3390/ SOUTH			Certificate of Status Desired		8.75 Addit ee Required		
	and Address of Current		7. N	Name and Address of New R	egistered A	gent					
,						Name .					
GOLDRICK, GERY 13180 NORTH CLEVELAND AVE. STE. 116					Street Address (P.O. Box Number is Not Acceptable)						
NORT	H FT. MY	ERS FL 33903					<u> </u>				
					City			FL	Zip Code		
6. 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. (N	OTE: Registere	d Agent signature requ	lired when re	einstating)	DATE			
Tax filing re		ible to satisfy its Intangible and elects to do so.	After MAY 1,	FiLE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550 Make Check Payable to Department or			10. Election Campaign Fil Trust Fund Contribution			May Be to Fees	
11.		DIRECTORS		AE	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11	_		
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1 13. Thereby (certify that th	ne intormation supplied wit	in this ⊞ing does not qualify	ror the ex	emption stated i	n Section	119.07(3)(i), Florida Statutes	. I further cei	itity that the if	nomation	1

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 ampowered 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:

MIKE Frince

3-15-2000

707-150

Date

Daytime Phone #