2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000054461

401 GULF BLVD

INDIAN ROCKS BEACH, FL 34635 US

Address: City-St-Zip:

Entity Name: CB COUNTRYSIDE RESTAURANT CORP.

FILED Apr 23, 2002 8:00 AM Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
475 CENTE	IILDING, SUITE RAL AVENUE SSBURG, FL 3		US					
Current Mailing Address:					New Mailing Address:			
KRESS BUILDING, SUITE M-8 475 CENTRAL AVENUE ST. PETERSBURG, FL 33701 US					C/O ERNEST L. MASCARA, PA 475 CENTRAL AVENUE, SUITE M8 ST. PETERSBURG, FL 33701 US			
FEI Number:	59-3582148	FEI Nu	mber Applied For()	FEI Num	ber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
KRESS BU 475 CENTE	, ERNEST L IILDING, SUITE RAL AVENUE SSBURG, FL 3		IS					
The above in the State		ubmits t	his statement for the	purpose of	changing it	ts registere	ed office or registered agent, or both	١,
SIGNATUR	RE:							
	Electroni	c Signa	ture of Registered Ag	jent			Date	-
			s Intangible Tax filing re and Contribution ().	quirement a	nd elects to d	lo so (X).		
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PDT () LODER, MATTHI 401 GULF BLVD INDIAN ROCKS).	FL 34635 US		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VDS () LODER, JOHN 401 GULF BLVD INDIAN ROCKS		FL 34635 US		Title: Name: Address: City-St-Zip:	VDS POWERS, 401 GULF I INDIAN RO		
Title: Name:	VD ()	Delete SE			Title: Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MATTHEW LODER P 04/23/2002