## DOCUMENT # P9900065563 Apr 27, 2000 8:00 am Secretary of State PHILLY'S FAMOUS CHEESESTEAK, INC. 01-13-2000 90027 032 \*\*\*150.00 Mailing Address Principal Place of Business 440 S. GULFVIEW BLVD, NO. 408 440 S. GULFVIEW BLVD. NO. 408 CLEARWATER FL 33767-2510 **CLEARWATER FL 33767** 2. Principal Place of Business 3. Mailing Address 7200 US 19 NORTH DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number 59-3591507 Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3.3 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAMPBELL, PAUL J Street Address (P.O. Box Number is Not Acceptable) 440 S. GULFVIEW BLVD. NO. 408 **CLEARWATER FL 33767** City Zip Code FI 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 it applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRE SUDENT ☐ Addition TITLE ☐ Change CR2E034 (9/99 TITLE PAUL J. CHMPLEN NAME NAME 440 S. GULFVIEW BLVD #406 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARNHTHR. Fl. 33767 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: