

2001 UNIFORM BUSINESS REPORT (UBR)

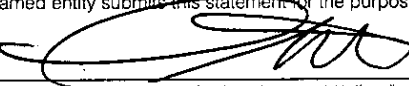
FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90277 050 ***150.00

DOCUMENT # P990000085603
1. Entity Name Just Friends Eatery, Inc.
Principal Place of Business 12889 Emerald Coast Pkwy, Destin FL 32550
Mailing Address

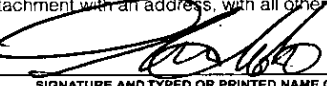
2. Principal Place of Business 12889 Emerald Coast Pkwy
3. Mailing Address
 Suite, Apt. #, etc. 101-A
 Suite, Apt. #, etc.
City & State Destin, FL
City & State
4. FEI Number 593601509
Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Louis M. Schudde
 226 MAGNOLIA CREEK RD
 SANTA ROSA BCH, FL 32549
7. Name and Address of New Registered Agent

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** 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CARDYN RITUMIRE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO. Box 6423 DESTIN 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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  **DATE** 4/30/01 **Daytime Phone #** 850-837-2252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)