<u>മമമ</u> Uniform Business Report (UBR) DOCUMENT # P99000101137 Apr 07, 2000 8:00 am Secretary of State 1. Entity Name MENU SITES, INC. 04-07-2000 90047 045 \*\*\*150.00 Principal Place of Business Mailing Address 4149 BURNS RD 4149 BURNS RD PALM BEACH GARDENS FL 33410-4605 PALM BEACH GARDENS FL 33410 3. Mailing Address 2. Principal Place of Busines DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0958198 Applied For Not Applicable Country S.M. \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IM. KEICH REID, LARRY M Street Address (P.O. Box Number is Not Acceptable) 4149 BURNS RD PALM BEACH GARDENS FL 33410 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. P.D Reid, LARKY M. 633 EAST 5 \$5+ \$20 Change ☐ Addition TITLE ☐ Delete TITLE REID. LARRY M NAME NAME STREET ADDRESS <del>4 VIA LUCINDIA NORTH</del> STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP STUART FL 34998 ---Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE 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 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 in changed, or on an attachment with an address, with all other like empowered. SIGNATURE: