

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90353 021 \*\*\*150.00

SECRET 02

**DOCUMENT # P99000105873**

1. Entity Name  
**RESTAURANT SOLUTIONS, INC.**

Principal Place of Business

Mailing Address

~~5000-18 HWY 17, #288~~  
**ORANGE PARK FL 32068**

~~5000-18 HWY 17, #288~~  
**ORANGE PARK FL 32003**

2. Principal Place of Business

3. Mailing Address

**831 N. Palmetto Ave.**

**831 N. Palmetto Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Green Cove Springs, FL**

City & State

**Green Cove Springs, FL**

Zip Country  
**32043 USA**

Zip Country  
**32043 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3613961**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AKEL, DANIEL D**  
**ONE INDEPENDENT DR, SUITE 2301**  
**JACKSONVILLE FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAJALIA, SAMMY JR</b>	
STREET ADDRESS	<del>1279 KINGSLEY AVE #116</del>	
CITY-ST-ZIP	<del>ORANGE PARK FL 32079</del>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAJALIA, AMY</b>	
STREET ADDRESS	<del>1279 KINGSLEY AVE #116</del>	
CITY-ST-ZIP	<del>ORANGE PARK FL 32079</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P.T.S.D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>831 N. Palmetto Ave.</b>	
STREET ADDRESS	<b>Green Cove Springs, FL 32043</b>	
CITY-ST-ZIP		
TITLE	<b>V.D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>831 N. Palmetto Ave</b>	
STREET ADDRESS	<b>Green Cove Springs, FL 32043</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Sam Bajalia  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # **(904) 284-4933**

CR2E034 (9/01)