2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000111869



FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90187 013 ***150.00

FOODSERVICE SOFTWARE DEVELOMENT, INC.												
Principal Place of Business 757 \$ NOVA RD ORMOND BEACH FL 32174 2. Principal Place of Business Suite, Apt. #, etc. City & State			757 8	Mailing Address 757 S NOVA RD ORMOND BEACH FL 32174 3. Mailing Address Suite, Apt. #, etc.			- 	88) 118 (8 21 8 (8121 88 21) 8	1 171 11 1101 11	11 2 14 13 1 51 81 1 1		III
			3. Mail				CHECK HERE IF MAKING CHANGES					
			City	City & State			4. FEI Number 59-3633614			Applied For Not Applicable		
Zip	Country		Zip	Zip Coun		у	5. Certificate of Status Desired			\$8.75 Fee Requ		
	6. Name	and Address of Curre	nt Registere	d Agent			7. Name and	Address of New I	Registere	d Agent		
						Name						ł
Frank, Larry 757 S. Nova Rd.						Street Address (P.O. Box Number is Not			e)			
ORMOND	BEACH FL	. 32174			Ţ							
						City FL Zip Code					ode	
	named entity tions of regist	submits this statement ered agent.	t for the purpo	ose of changing its	registered	d office or register	red agent, or bo	h, in the State of Fl	orida. I a	m familiar wi	th, and acce	pt
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if appl	icable. (NOTE:	: Registered	Agent signature required	t when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								ction Campaign Fi			. 00 May B	e
Make Check	k Payable to		of State				Tru	st Fund Contribution	in.	☐ Add	led to Fees	
Make Check 10.	k Payable to			RS	11.	·		st Fund Contribution				
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RE REQUIFLARY FRANK PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-672-8434

Daytime Phone #