2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	003 FOR PROFIT)	FIL Apr 16, 20		am
DOCUMENT # \$86344 1. Entity Name CONRAD'S CAFE, INC.					Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90129 027 ***150.00		
Principal Place of Business 3506 FIRST ST, W BRADENTON FL 34208		Mailing Address 3506 FIRST ST. W BRADENTON FL 34208					
2. Principal P 9// Suite, Apt.	"Stw.		CHECK HERE IF MAKING CHANGES				
Brad	Lenton FL	City & State Brodenton FL			4. FEI Number 65-0296534		oplied For ot Applicable
342	Country Cou	Zip 34205	Marate	يو ا	and the second s	□ \$8.75 Add Fee Require	
CONRAD, 3506 1ST BRADENT	Name Street A	Da	7. Name and Address of New Region is 1 Co. Box Number is Not Acceptable) 6 3 rol Au Leaton F4	on r cod			
the obligati	named entity submits this statement for the ions of registered agent. Danie Fig. T. Consignature, typed or printed name of registered agent and titl ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	rad 1	registered office or	Lle	agent, or both, in the State of Florida	a. I am familiar with, 4/9/0 DATE	
Make Check	Payable to Florida Department of Sta			 .	Trust Fund Contribution.		to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE U CONRAD, DANIEL JOSEPH 3506 1ST ST W BRADENTON FL 34205	CTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Con 63	additions/changes to office rad Daniel 16 3 roc Ar / adenton Fi	J. Change	S IN 11 Addition
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone +							