

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05:05-2003-91 400 038 ****40.00
FILED H83468

CORPORATE 10

DOCUMENT # H83468

1. Entity Name
FAST-FOOD CONSULTANTS, INC.



03 MAY 28 PM 4:22

SECONDARY STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
100 SOUTH PENNSYLVANIA
GREENFIELD IN 46140

Mailing Address
100 SOUTH PENNSYLVANIA
GREENFIELD IN 46140



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country Zip Country

4. FEI Number **58-1644763**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DRESSER, JOHN C.
3001 RUM ROW
NAPLES FL 33940

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing (Trust Fund) Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE & NAME PD DRESSER, JOHN C. STREET ADDRESS 3001 RUM ROW CITY-ST-ZIP NAPLES FL	<input type="checkbox"/> Delete
TITLE & NAME D DRESSER, NANCY D. STREET ADDRESS 3001 RUM ROW CITY-ST-ZIP NAPLES FL	<input type="checkbox"/> Delete
TITLE & NAME D DRESSER, DONALD W. STREET ADDRESS 1418 SHERWOOD CITY-ST-ZIP GREENFIELD IN	<input type="checkbox"/> Delete
TITLE & NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE & NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE & NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE & NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
#783468	
<i>We have a \$110 credit on our account from last year</i>	
02-11-02 90223 030	
\$ 260.00 - \$110.00	
TITLE & NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

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 Required* **SIGNATURE REQUIRED** 4/29/03 317-462-3848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #