

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90208 001 \*\*\*150.00

002041 AV

**DOCUMENT # 168292**

1. Entity Name  
**NEW CANTON RESTAURANT INC**



Principal Place of Business  
**118 JULIA STREET  
JACKSONVILLE FL 32202**

Mailing Address  
**118 JULIA STREET  
JACKSONVILLE FL 32202**



2. Principal Place of Business  
**8118 BAYMEADOWS CIRCLE, EAST UNIT #9**

3. Mailing Address  
**8118 BAYMEADOWS CIRCLE, EAST UNIT #9**

Suite, Apt. #, etc.  
**UNIT #9**

Suite, Apt. #, etc.  
**UNIT #9**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**JACKSONVILLE, FL**

City & State  
**JACKSONVILLE, FL**

4. FEI Number  
**59-0677937**

Applied For  
Not Applicable

Zip  
**32256-1843**

Country  
**USA**

Zip  
**32256-1843**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**ENG, GEORGE KELLY  
118 JULIA ST  
JACKSONVILLE FL 32202**

## 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 \_\_\_\_\_  
4. 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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                  |                                 |
|------------------------------------------------|------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>ENG, G KELLY<br>118 N JULIA ST<br>JACKSONVILLE, FL 00000  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>ENG, JEAN GEE<br>118 N JULIA ST<br>JACKSONVILLE, FL 00000 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ENG, SAI LEW<br>118 N JULIA ST<br>JACKSONVILLE, FL 00000    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  | <input type="checkbox"/> Delete |

|                                                |                                                                                             |                                                                              |
|------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>ENG, G KELLY<br>8118 BAYMEADOWS CIRCLE, EAST UNIT #9<br>JACKSONVILLE, FL 32256-1843  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>ENG, JEAN GEE<br>8118 BAYMEADOWS CIRCLE, EAST UNIT #9<br>JACKSONVILLE, FL 32256-1843 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ENG, SAI LEW<br>8118 BAYMEADOWS CIRCLE, EAST UNIT #9<br>JACKSONVILLE, FL 32256-1843    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: **George Kelly ENG** 4/18/03 (904) 705-9857  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)