

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Sep 12, 2003 8:00 am
Secretary of State

07-10-2003 90119 031 ***150.00
09-12-2003 90088 034 ***400.00

DOCUMENT # P00000010876

1. Entity Name
THE PERIWINKLE PLACE BISTRO, INC.



Principal Place of Business
**2075 PERIWINKLE WAY
SANIBEL FL 33957**

Mailing Address
~~2075 PERIWINKLE WAY~~
~~SANIBEL FL 33957~~

90156467



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

3. Mailing Address
P.O. BOX 190
Suite, Apt. #, etc.

City & State
SANIBEL, FL

Zip
33957

4. FEI Number **65-0979022**

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
OWENS, DAVID A
~~**615 TARPON BAY RD #5**~~
SANIBEL FL 33957

WRONG ADDRESS

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
695 TARPON BAY RD #5

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 *[Signature]* **DAVID A OWENS** **7/7/03**

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 STREET ADDRESS CITY-ST-ZIP | PD NETTE, TREVOR 2075 PERIWINKLE WAY SANIBEL FL 33957 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ALBERT, CRAIG L 2075 PERIWINKLE WAY SANIBEL FL 33957 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD OWENS, DAVID A 2075 PERIWINKLE WAY SANIBEL FL 33957 <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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS 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)(j), 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]* **SIGNATURE R. OWENS** **7/7/03** **239-472-1439**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)