

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90258 002 \*\*\*150.00

**DOCUMENT # P01000090082**

**1. Entity Name**  
**MOM'S SEAFOOD & STEAK RESTAURANT INC.**

**Principal Place of Business**      **Mailing Address**  
**2164 SOPCHOPPY HWY.**                      **2164 SOPCHOPPY HWY.**  
**SOPCHOPPY FL 32358**                      **SOPCHOPPY FL 32358**

00103701



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 City & State                      City & State  
 Zip                      Country                      Zip                      Country

*26 GRETCHEN LN*  
*SOPCHOPPY*  
*FL 32358*      *BRADY*

**4. FEI Number**      **Applied For**  
*26-0002086*       Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**PAYNE, MARIE**  
**26 GRETCHEN LN.**  
**SOPCHOPPY FL 32358**

**7. Name and Address of New Registered Agent**  
 Name: *WAYNE A PAYNE*  
 Street Address (P.O. Box Number is Not Acceptable): *26 GRETCHEN LN*  
 City: *SOPCHOPPY*      State: **FL**      Zip Code: *32358*

**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.**

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

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	PAYNE, MARIE	26 GRETCHEN LN.	SOPCHOPPY FL 32358	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT / SEC	WAYNE A PAYNE	26 GRETCHEN LN	SOPCHOPPY FL 32358	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP / TREASURER	MARIE PAYNE			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Wayne A Payne*      **SIGNING OFFICER OR DIRECTOR**      *4-29-02*      **Date**  
 Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)