

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90004 037 ***150.00

8000500

DOCUMENT # P93000057139

1. Entity Name
BRITISH RESTAURANTS OF FLORIDA, INC.

Principal Place of Business Mailing Address

1155 PASADENA **1155 PASADENA AVE S.**
SEMINOLE FL 34642 **APT A**
US **S. PASADENA FL 33707**
US

2. Principal Place of Business 3. Mailing Address

1155 PASADENA AV S Suite, Apt. #, etc.

HORSE - JOCKEY Suite, Apt. #, etc.

City & State City & State

SOUTH PASADENA FL City & State

Zip Country Zip Country

33707 Country Zip Country

4. FEI Number Applied For

59-3194894 Not Applicable

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

 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASKEL, LOUIS CPA
415 S. SAN REMO AVE
CLEARWATER FL 34619

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.

SIGNATURE _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, HILARY 7963 SAILBOAT S. PASADANA CA 33707 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HILARY FOX 7963 SAILBOAT KEY BLV S SOUTH PASADENA FL 33707
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED HILARY FOX** 07 18 01

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

CR2E034 (5/01)

Attachment

#P93000057139

June 18th 2001

A0079263

DEAR SIR OR MADAM

DUE TO RECEIVING MY 2001
UNIFORM REPORT LATE, I SPOKE TO
YOUR OFFICE, TRN # 1850 245 6051
AND EXPLAINED MY POSITION. I AM
SENDING YOU A CHEQUE FOR \$150
AS DIRECTED, AND I HAVE CHANGED
MY ADDRESSES TO THE CORRECT
PLACES ON THE ENCLOSED FORM.
THANK YOU FOR YOUR HELP IN
THIS MATTER

HILARY FOX