

FILED
May 08, 2003 8:00 am
Secretary of State

04-21-2003 91061 031 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000039657

1. Entity Name
MANGROVES BAR & GRILL, INC.



Principal Place of Business
 208 SOUTH HOWARD AVENUE
 TAMPA, FL 33606

Mailing Address
 208 SOUTH HOWARD AVE
 TAMPA, FL 33606 US

55038758



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

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

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number
59-3376464

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

SARANTOS, PETE
 2801 MORRISON AVE
 TAMPA, FL 33629

7. Name and Address of New Registered Agent

Name **SAJJAD, SHAH**
 Street Address (P.O. Box Number is Not Acceptable)
~~3601~~ **208 S. HOWARD AVE**
 City **TAMPA** FL Zip Code **33606**

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, the registered agent.

SIGNATURE

[Handwritten Signature]

05.03.03

Signature, typed or printed name of registered agent and fee 1 applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

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 NAME STREET ADDRESS CITY-STATE-ZIP	P SAJJAD, SHAH 3601 MORRISON AVE TAMPA, FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CM SHAH, SAJJAD 607 FATHOM CT TAMPA, FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VT HUDSON, LAWRENCE L 601 S OREGON AVE APT E TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DEBRA LOWRY HUDSON 601 S. OREGON AVE, APT E TAMPA, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

000004 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

[Handwritten Signature]

18.6.03 8132583302

SIGNATURE MUST BE PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Corporate Phone #