

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90154 008 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072524

1. Entity Name

New Smyrna Steakhouse, Inc.

Principal Place of Business Mailing Address
6462 Central Avenue 6462 Central Avenue
St. Petersburg, FL. 33707 St. Petersburg, FL. 33707

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number 59-3594495 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
John L. Maloney
3862 Central Avenue
St. Petersburg, Fl. 33711

7. Name and Address of New Registered Agent
Name MALONEY JOHN L
Street Address (P.O. Box Number is Not Acceptable)
3862 CENTRAL AVENUE
City ST. PETERSBURG FL Zip Code 33711

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 1, 2001 Fee will be \$200.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Robert Sutton 6462 Central Avenue St. Petersburg, Fl. 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 files empowered.

SIGNATURE: Robert Sutton Robert Sutton 727-345-2696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/00)