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

## V56423 **DOCUMENT#**

1. Entity Name



**FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90168 009 \*\*\*150.00

MVP'S SPORTS GRILLE, INC.				·				
Principal Place of Business 12777 ATLANTIC BLVD. JACKSONVILLE FL 32225 US			Mailing Address 12777 ATLANTIC BLVD. JACKSONVILLE FL 32225 US					
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.					.  CHECK HERE IF MAKING CHANGES
City & State			City & State					4. FEI Number 59-3143038 Applied For Not Applicable
Zip	Zip Country		Zip		Cour	Country		5. Certificate of Status Desired Service Servi
	6. Name	and Address of Curre	nt Registered	d Agent	<u> </u>	1		7. Name and Address of New Registered Agent
						Name		
CLARK, ROSS T. 1558 SAN MARSO BLVD JACKSONVILLE FL 32207						Street Address (P.O. B		(P.O. Box Number is Not Acceptable)
JACKSOI	NVILLE FL 3	2207						
						City		FL Zip Code
8. The above	named entity	submits this statement	for the purpo	se of changing its	s registere	ed office or reg	jistere	red agent, or both, in the State of Florida. I am familiar with, and accept
		ored agent.						
SIGNATURE .		်ရှိ or printed name of registered age	nt and title if applic	cable (NOT	TF: Registere	d Agent signature re	auirod u	Hubon releasives
		FEE IS \$150.00	The same and pro-	1401	TE. Hegistere	u Agent signature re	quirea w	d when reinstaling) DATE
Afte	r May 1, 200	3 Fee will be \$550.00 Florida Department						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.		OFFICERS AN	D DIRECTOR	S	11.	<del>_</del>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ·	D.			<b>∑</b> Delete	TITLE	:	KA	AZALEH, LOUIS S. XChange Addition
NAME CIRCLE ADODECC	KAZALEH, LOUIS S. 11307 BEACON DR		•		•	NAME		3448 TROON TRACE IN.
STREET ADDRESS CITY-ST-ZIP	JACKSON'					ET ADDRESS - ST - ZIP	15	AX . FLA . 32225
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12. Lhereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

SIGNA MULTICU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2-3-03

(904) 221-1390

☐ Change

☐ Addition