

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 694368

1. Entity Name

EAT OUT CORPORATION

Principal Place of Business

Mailing Address

1580 FIFE CT
DUNEDIN FL 34698
US

1580 FIFE COURT
DUNEDIN FL 34698-3219

2. Principal Place of Business

3. Mailing Address

Marl Boxes Etc.

Suite, Apt. #, etc.
914 Circle Rd.

Suite, Apt. #, etc.

City & State
DUNEDIN FL

City & State

Zip
34698

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYONS, GARY W.
311 SOUTH MISSOURI AVENUE
CLEARWATER FL 33516

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

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, 2000 Fee will be \$550.00
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
ABDELHAK, BRUCE
1580 FIFE COURT
DUNEDIN FL ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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ABDELHAK, JOANNE J.
1580 FIFE COURT
DUNEDIN FL ☐ Delete

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☐ Change ☐ 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: *Bruce Abdelhak* **BRUCE ABDELHAK** 4/12/00 727 734-3780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90041 012 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2105260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required