

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90105 044 ***158.75

0656173 AT

DOCUMENT # 857338

1. Entity Name
HOUSTON'S RESTAURANTS, INC.



Principal Place of Business
2425 E CAMELBACK RD
SUITE 200
PHOENIX AZ 85016

Mailing Address
2425 E CAMELBACK RD
SUITE 200
PHOENIX AZ 85016

10031007



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1164709**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	PD	<input type="checkbox"/> Delete
NAME	BIEL, GEORGE W.	
STREET ADDRESS	2525 E CAMELBACK ROAD, STE 810	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	STV	<input type="checkbox"/> Delete
NAME	ASHBY, R. SCOTT	
STREET ADDRESS	2425 E CAMELBACK RD STE 200	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRANSTETTER, VICTOR	
STREET ADDRESS	147 SOUTH BEVERLY DRIVE	
CITY-ST-ZIP	BEVERLY HILLS CA 90212	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEDBETTER, JOSEPH	
STREET ADDRESS	3100 W.END AVENUE,#1290	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIEL, CAROL R.	
STREET ADDRESS	2525 E CAMELBACK ROAD, STE. 810	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEDBETTER, CANDICE W	
STREET ADDRESS	3100 W.END AVENUE,#1290	
CITY-ST-ZIP	NASHVILLE TN	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert A Lynn	
STREET ADDRESS	7115 N Hillside Dr	
CITY-ST-ZIP	Roswell, GA 30075	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A Lynn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)