

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY -1 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000006525

1. Entity Name
OS RESTAURANT SERVICES, INC.

Principal Place of Business Mailing Address
2202 NORTH WESTSHORE BLVD., 5TH FLOOR 2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607 TAMPA FL 33607

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

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3549811 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KADOW, JOSEPH
2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE PCOO ☐ Delete
NAME BASHAM, ROBERT
STREET ADDRESS 2202 NORTH WESTSHORE BLVD., 5TH FLOOR
CITY-ST-ZIP TAMPA FL 33607

TITLE CD ☐ Delete
NAME SULLIVAN, CHRIS T
STREET ADDRESS 2202 NORTH WESTSHORE BLVD., 5TH FLOOR
CITY-ST-ZIP TAMPA FL 33607

TITLE VD ☐ Delete
NAME GANNON, JOHN T
STREET ADDRESS 2202 NORTH WESTSHORE BLVD., 5TH FLOOR
CITY-ST-ZIP TAMPA FL 33607

TITLE VTD ☐ Delete
NAME MERRITT, ROBERT S
STREET ADDRESS 2202 NORTH WESTSHORE BLVD., 5TH FLOOR
CITY-ST-ZIP TAMPA FL 33607

TITLE VS ☐ Delete
NAME KADOW, JOSEPH J
STREET ADDRESS 2202 NORTH WESTSHORE BLVD., 5TH FLOOR
CITY-ST-ZIP TAMPA FL 33607

TITLE V ☐ Delete
NAME AVERY, PAUL E
STREET ADDRESS 2202 NORTH WESTSHORE BLVD., 5TH FLOOR
CITY-ST-ZIP TAMPA FL 33607

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600005554986--3
CITY-ST-ZIP -05/16/02--01050--008

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****150.00 *****150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 (813) 282-1225
Date Daytime Phone #

0423050 AV

CR2E034 (9/01)