2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2001 8:00 am Secretary of State **DOCUMENT # J01628** STEAK HOUSE CONSTRUCTION CORPORATION 03-02-2001 90049 032 ***150.00 Principal Place of Business Mailing Address 2113 FLORIDA BLVD. 2113 FLORIDA BLVD. NEPTUNE BEACH FL 32266 NEPTUNE BEACH FL 32266 940470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-2730457 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALEXANDER, EDWARD B JR. Street Address (P.O. Box Number is Not Acceptable) 2113 FLORIDA BLVD **NEPTUNE BEACH FL 32233** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE ☐ Delete Change GLEN, CEILEY F NAME STREET ADDRESS 2113 FLORIDA BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEPTUNE BEACH FL 32266** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ALEXANDER, EDWARD B NAME STREET ADDRESS STREET ADDRESS 2113 FLORIDA BLVD. CITY-ST-ZIP CITY-ST-ZIP **NEPTUNE BEACH FL 32266** TITLE? TITLE: Change *Addition Delete GARRETT, WILLIAM NAME NAME STREET ADDRESS 2113 FLORIDA BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEPTUNE BEACH FL 32266** ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

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