

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J36086

1. Entity Name
SHARP CONCEPTS, INC.

Principal Place of Business
272 BLUEGRASS DR.
HENDERSONVILLE TN 37075

Mailing Address
272 BLUEGRASS DR.
HENDERSONVILLE TN 37075

Shoney's

2. Principal Place of Business

1624 HiWay 67
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jonesville N.C.

City & State

Zip

Country

Zip

Country

28642

6. Name and Address of Current Registered Agent

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

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
SHARP, JOYCE
272 BLUEGRASS DR.
HENDERSONVILLE TN 37075

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SHARP, GARY
272 BLUEGRASS DR.
HENDERSONVILLE TN 37075

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Shoney's
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-00

Date

65
824-0082

Daytime Phone #

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90059 030 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2700802

Applied For
Not Applicable

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