

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K44644

1. Entity Name

SOUTHERN STAINLESS WELDING & RESTAURANT SERVICE

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90067 012 ***150.00

Principal Place of Business Mailing Address

~~PINE BREEZE DRIVE~~
~~FL 32141~~

~~330 PINE BREEZE DRIVE~~
~~EDGEWATER FL 32141-6228~~

2. Principal Place of Business

3016 NEEDLE PALM DRIVE

3. Mailing Address

DRIVE

Suite, Apt. #, etc.

EDGEWATER

Suite, Apt. #, etc.

City & State

FL

City & State

32141

Zip

Country

Zip

32141

Country

4. FEI Number

59-2925356

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PANICO, LOUIS R.

~~330 PINE BREEZE DRIVE~~

EDGEWATER FL 32141

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 ☐ Delete
NAME D
STREET ADDRESS PANICO, LOUIS ROLAND
CITY-ST-ZIP ~~330 PINE BREEZE DRIVE~~
~~EDGEWATER FL~~

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

TITLE ☐ Delete
NAME 3016 NEEDLE
STREET ADDRESS PALM DRIVE
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME EDGEWATER
STREET ADDRESS
CITY-ST-ZIP FL 32141

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS R PANICO 904 423-1780
Date Daytime Phone #

CR2E034 (9/99)