

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91613 008 \*\*\*150.00

**DOCUMENT # L19703**

1. Entity Name  
**PEP'S SEA GRILL, INC.**

Principal Place of Business

**1556 US HWY 1 N  
 JUPITER FL 33469  
 US**

Mailing Address

**18395 GULF BLVD  
 INDIAN ROCKS BEACH FL 33785  
 US**

2. Principal Place of Business

3. Mailing Address

**18395 Gulf Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 103**

City & State

City & State

**Indian Shores FL**

Zip

Country

Zip

Country

**33785**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2981872**

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

**CHIVAS, FRANK  
 622-182ND AVENUE  
 REDINGTON SHORES FL 33708**

Name

**Frank Chivas**

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

**18395 Gulf Blvd.**

**Suite 103**

City

**Indian Shores**

**FL**

Zip Code

**33785**

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]*

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **CHIVAS, FRANK R**  
 CITY-ST-ZIP **18395 GULF BLVD., SUITE 103  
 INDIAN ROCKS BEACH FL 33785**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-02**

Date

**727-391-4052**

Daytime Phone #

CR2E034 (9/01)