2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am Secretary of State DOCUMENT # 1. Entity Name 03-26-2002 90059 038 ***150.00 CRYSTAL RIVER SEAFOOD & OYSTER BAR #2, INC. Principal Place of Business Mailing Address 3512 ROSS CLARK CIRCLE 5000-18 HIGHWAY 17-DOTHAN AL 36303 #288 ORANGE PARK FL 32003 48 2. Principal Place of Business Mailing Address 831 N. Halmello Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2973828 Not Applicable -Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32042 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AKEL, DANIEL D. Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DR. STE 2301 JACKSONVILLE FL 32202 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (9/01) VSTD TITLE Change ☐ Addition NAME BAJALIA, SAMMY JR. NAME 831 N. Palmetto Ave Green Cove. Springs, FL STREET ADDRESS 1279 KINGSLEY AVE #116 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GRANGE PARK-FL-82**073 TITLE Defete TITLE ☐ Addition NAME NAME SCOTT, WILLIAM M. STREET ADDRESS STREET ADDRESS 1279 KINGSLEY AVE #118 CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Date

FILED