

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000001556

FILED  
May 01, 2003  
Secretary of State

Entity Name: SUGAR SHACK BISTRO, INC.

## Current Principal Place of Business:

PO BOX 3254  
W PALM BEACH, FL 334023254

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 3254  
W PALM BEACH, FL 334023254

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLIGAN, ALPHONSO S ESQUIRE  
4600 E PARK DR, STE 201  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

MILLIGAN, ALPHONSO S ESQUIRE  
2580 METROCENTRE BOULEVARD  
6  
WEST PALM BEACH, FL 33407 US

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:

05/01/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MILLIGAN, ANGEL D  
Address: PO BOX 211796  
City-St-Zip: ROYAL PALM BEACH, FL 334211793

Title: D ( ) Delete  
Name: FANJUL, EMILIA  
Address: 105 JUNGLE RD  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: COPPOCK, MARK S  
Address: 626 N DIXIE HWY  
City-St-Zip: W PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: MILLIGAN, ALPHONSO S  
Address: PO BOX 3254  
City-St-Zip: W PALM BEACH, FL 334023254

Title: D ( ) Delete  
Name: FANJUL DE AZQUETA, LILLIAN  
Address: 626 N DIXIE HWY  
City-St-Zip: W PALM BEACH, FL 33401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALPHONSO S. MILLIGAN

PRES

05/01/2003

Electronic Signature of Signing Officer or Director

Date