

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

04-07-2003 90723 047 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90074704

DOCUMENT # P 00000030350

1. Entity Name

Lefty's wings + Raw Bar II, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1034 SE Pt. St. Lucie Blvd.

same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pt. St. Lucie FL

City & State

4. FEI Number

65-1001971

Applied For

Not Applicable

Zip 34952

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Milmo, Christopher

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

2160 S. University Drive

City Davie

FL

Zip Code 33325

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	
NAME	Milmo, Christopher
STREET ADDRESS	2160 S. University Dr.
CITY-ST-ZIP	Davie, FL. 33325
TITLE	
NAME	Curry, Thomas
STREET ADDRESS	1034 S.E. Pt. St. Lucie Blvd.
CITY-ST-ZIP	Pt. St. Lucie, FL. 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christopher Milmo

3-31-03

1-772-337-3212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/02)