## **2003 FOR PROFIT CORPORATION - UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P00000037986

1. Entity Name

DURANGO STEAKHOUSE OF NEW TAMPA, INC.



## Mar 28, 2003 8:00 am § Secretary of State **FILED**

03-28-2003 90075 026 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33762  CLEARWATER FL 33762  CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET AD																
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Surior Act. #, otc.  Sulfo, Apt. #, otc.  Sulfo, Ap				هندين سين -		معجدت			*****							<u></u> -
City & State  Country  S. Conflicted of Status Desired  S8.75 Additional Free Required  6. Name and Address of Current Registered Agent  Name  T. Name and Address of Rev Registered Agent  Name  Name and Address of Rev Registered Agent  Name and Address of Rev Registered Agent  Name Additional Free Registered Agent  Name Address of Rev Registered Agen	2. Principal P	lace of Busin	3. Mailing Address						<b>1881</b> (8) <b>36</b> (1)			<b>10114</b>   1111			•	
Second   S	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES								
Zip Country 5. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additiona	City & State	e	City & State				4.	59-3647537						• • • • • • • • • • • • • • • • • • • •	-	
Name   Steel Address (PC   Box Number is Not Acceptable)	Zìp	Zip Country			Zip Coun			5. Certificate of Status Desired								
### STEEL NOW III F85-IS-\$150,000 Make Check Payable to Florida Department of State    Patter Addition		6. Name	and Address of Current	Registere	d Agent	I		7.	Name an	d Addres:	s of New	Registe	red Age	ent		
SAFETY HARBOR FL 34895.  Size Address (FC Box Number is Not Acceptable)  2.3.2.5.							Name 6	r NET-OXU	<i>γ</i> .λ.	MORA	215					1
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					Street Address			dress (P.O.	s (P.O. Box Number is Not Acceptable)							]
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	SAFETY	IARBOR FL	34695				ک	TE 20				•				
8. The aboven named entity submits his 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 registerions of registerion re							City		ATEN				FL			
SIGNATURE    Signature, hybrid or present name of registered agent and tone if applicable.   (NOTE Registered Agent agracure required when renatating)   DATE				the purpo	ose of changing its	registere	ed office or	registered a	igent, or bi	oth, in the	State of I	Florida.	l am fam	illiar with	, and accept	
After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.**  OFFICERS AND DIRECTORS  11.**  PSTD  DullarD, FRED B JR. 2325 ULMERTON ROAD #20  CLEARWATER FL 33762  TITLE  WP  MORRIS, GREG  STREET ADDRESS  CITY-51-2P  TITLE  MAME  STREET ADDRESS  CITY-51-2P  Delete  TITLE  NAME  STREET ADDRESS  CITY-51-2P  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-51-2P  Change  Addition  Addition  Addition  Addition  TITLE  NAME  STREET ADDRESS  CITY-51-2P  TITLE  NAME  STREET ADDRESS  CITY-51-2P  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-51-2P  TITLE  NAME  STREET ADDRESS  CITY-51-2P  TITLE  NAME  STREET ADDRESS  CITY-51-2P  Change  Addition  Addition  Addition  Addition  Addition  TITLE  NAME  STREET ADDRESS  CITY-51-2P  TITLE  NAME  STREET ADDRESS  CITY-51-2P  TITLE  NAME  STREET ADDRESS  CITY-51-2P  Change  Addition  Addition  Addition  Addition  Addition  NAME  STREET ADDRESS  CITY-51-2P  TITLE  NAME  STREET ADDRESS  CITY-51-2P  Change  Addition  Addition  NAME  STREET ADDRESS  CITY-51-2P  TITLE  NAME  STREET ADDRESS  CITY-51-2P  Change  Addition  Addition  NAME  STREET ADDRESS  CITY-51-2P  Change  Addition  Addition  Addition  NAME  STREET ADDRESS  CITY-51-2P  Change  Addition  Additi		m/	Com GREGORY									2/	25/	03		
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.** OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PSTD  NAME  SINEET ADDRESS CITY-ST-ZIP  NAME  NAME  SIREET ADDRESS CITY-ST-ZIP  NAME  NAME  SIREET ADDRESS CITY-ST-ZIP  NAME  NAME  NAME  NAME  SIREET ADDRESS CITY-ST-ZIP  NAME  N		Signature, typed	or printed name of registered agent a	nd title if appl	icable. (NOTI	E: Registered	d Agent signatur	e required when	reinstating)				ATE			
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CITY-ST-ZIP  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	CITY-ST-ZIP	ertify that the	information supplied with	thie filine	does not qualify for			nd in Spotiar	110 07/2	Vi) Elazida	Statutor	:   furtho	or cortifi-	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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

727.576.6424