

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90092 022 ***150.00

DOCUMENT # P00000051445

1. Entity Name
ARCHIBALD'S GRILL, INC.

Principal Place of Business
15100 GULF BLVD
REDINGTON SHORES FL 33708

Mailing Address
18395 GULF BLVD
103
INDIAN SHORES FL 33785

2. Principal Place of Business
15100 Gulf Blvd.

3. Mailing Address
18395 Gulf Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 103

City & State
Madeira Beach FL

City & State
Indian Shores FL

Zip **33708** Country **USA**

Zip **33785** Country **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3647320**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIVAS, FRANK R
622 182ND AVENUE
REDINGTON SHORES FL 33708

7. Name and Address of New Registered Agent

Name **Frank R. CHIVAS**
 Street Address (P.O. Box Number is Not Acceptable)
18395 Gulf Blvd.
Suite 103
 City **Indian Shores** **FL** **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 DATE _____
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 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

TITLE **D** ☐ Delete
 NAME **CHIVAS, FRANK R**
 STREET ADDRESS **622 182ND AVENUE**
 CITY-ST-ZIP **REDINGTON SHORES FL 33708**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Frank R. CHIVAS** ☒ Change ☐ Addition
 NAME **18395 Gulf Blvd. Suite 103**
 STREET ADDRESS **Indian Shores FL 33785**
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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: **FRANK R. CHIVAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 **727-391-4052**
Date Daytime Phone #

CR2E034 (9/01)