FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 27, 2002 8:00 am P00000053642 Secretary of State DOCUMENT # 1. Entity Name 02-27-2002 90023 045 \*\*\*150 00 SPOTO'S STEAK JOINT II, INC. Principal Place of Business Mailing Address YZEXTSX-XVENDE/NORTH 721KASTLANENDE NORTH XSTC-PETERSBURG/UFCX82781 1280 Main Street 1280 Main Street Dunedin, FL 34698 Dunedin, FL 34698 2. Principal Place of Business 3. Mailing Address 1280 Main Street 1280 Main Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Dunedin, FL City & State 4. FEI Number Applied For 59-3652715 Dunedin, FL Not Applicable Zip 34698 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34698 Fee Required USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name **ENGLANDER, LEONARD S** Street Address (P.O. Box Number is Not Acceptable) 721 1ST AVENUE NORTH ST. PETERSBURG FL 33701 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD XX Delete **XX**Addition TITLE Change TITLE ENGLANDER, LEONARD S NAME SPOTO, ROBERT NAME STREET ADDRESS 721 1ST AVENUE NORTH STREET ADDRESS 1280 Main Street CITY-ST-ZIP ST. PETERSBURG FL 33701 CITY-ST-ZIP Dunedin, FL 34698 TITLE \*Addition ☐ Delete KATHERYN TITLE NAME SPOTO, NAME STREET ADDRESS 1280 Main Street STREET ADDRESS CITY-ST-ZIP Dunedin, FL 34698 CITY-ST-7IP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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:

727-796.887)

Daytime Phone #