

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90765 011 ***150.00

DOCUMENT # P00000105927

1. Entity Name
WAKULLA STATION COUNTRY GRILL INC.



Principal Place of Business
~~1522 N CASEY KEY RD~~
~~OSPREY, FL 34229~~

Mailing Address
1522 N CASEY KEY RD
OSPREY, FL 34229

2. Principal Place of Business

968 Woodville Hwy
Suite, Apt. #, etc.
CRAWFORDVILLE FL
City & State
32327

3. Mailing Address

968 Woodville Hwy
Suite, Apt. #, etc.
CRAWFORDVILLE
City & State
FL



☐ CHECK HERE IF MAKING CHANGES

Zip
32327 Country
WAKULLA

Zip
32327 Country

4. FEI Number
59-3698836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALWARD, CHRIS
1522 N CASEY KEY RD
OSPREY, FL 34229

7. Name and Address of New Registered Agent

Name

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

968 Woodville Hwy

City **CRAWFORDVILLE** FL Zip Code **32327**

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **P** ☒ Delete
NAME **ALWARD, CHRIS**
STREET ADDRESS **1522 N CASEY KEY ROAD**
CITY-ST-ZIP **OSPREY, FL 34229**

TITLE **968 Woodville Hwy** ☐ Delete
NAME **CRAWFORDVILLE, FL**
STREET ADDRESS **32327**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **968 Woodville Hwy** ☐ Change ☐ Addition
NAME **CRAWFORDVILLE, FL**
STREET ADDRESS **32327 FL**
CITY-ST-ZIP

TITLE **SEC. 32327 FL** ☐ Change ☒ Addition
NAME **KAY ALWARD**
STREET ADDRESS **968 Woodville Hwy**
CITY-ST-ZIP **CRAWFORDVILLE, FL**

TITLE **32327** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2003

Date

Daytime Phone #

574-4354

CR2E034 (10/02)