

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90238 045 ***150.00

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DOCUMENT # P00000106386

1. Entity Name
ANGIE'S RESTAURANT, INC.



Principal Place of Business
**725 CLEVELAND ST
CLEARWATER FL 33756**

Mailing Address
~~815 MARK DRIVE~~
CLEARWATER FL 33756



2. Principal Place of Business

3. Mailing Address

6 S. Myrtle Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clearwater, FL 33756

4. FEI Number

59-3683578

Applied For

Not Applicable

Zip

Country

Zip

33756

Country

Pinellas

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHACONAS, LOUIS
~~815 MARK DRIVE~~
CLEARWATER FL 33756**

Name

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

6 S. Myrtle Ave

City

Clearwater

FL

Zip Code

33756

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PST CHACONES, LOUIS J**
STREET ADDRESS **815 MARK DR**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☒ Change ☐ Addition
NAME **Chaconas, Louis J**
STREET ADDRESS **6 S. Myrtle Ave**
CITY-ST-ZIP **Clearwater, FL 33756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 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:

LOUIS J CHACONAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03 (727) 434-1948

Date

Daytime Phone #

CR2E034 (10/02)