2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000115690 **DOCUMENT #**

1. Entity Name



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90203 004 ***150.00

PADDY GARIBALDI'S TAMPA, INC.							
3801 SOUTH LAKE DRIVE 38 #247 #2		Mailing Address 3801 SOUTH LAKE DRIV #247 TAMPA FL 33614	3901 SOUTH LAKE DRIVE #247			HIJ o (1834 - 1 844 + 1881	
2. Principal Place of Business 4026D CORTEZ DRIVE 4026D CORTEZ DRIVE							
Suite, Apt. #, etc. Suite, Apt. #, etc.			RTEZ DRIVE				
TAMPA FLORIDA TAMPA City & State City & State			FLOR IDA		HERE IF MAKING CHANG	ES	
336/4		City & State 33614		4. FEI Number 59-3691412		Applied For Not Applicable	
Zip	Country U.S.A.	Zip	Country U.S.A.	5. Certificate of Status De	60.75	Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of			
CT COR	PORATION SYSTEM			EREMIAH A.	TWOMEY		
1200 S PINE ISLAND RD			Street Addre	Street Address (P.O. Box Number is Not Acceptable) 4026 D CORTEZ DRIVE			
PLANTATION FL 33324				CONT.	<u>c yare</u>		
			City	TAMPA	FL Zip C	ode 3614	
8. The above	e named entity submits this statement fo	the purpose of changing its	registered office or reg	istered agent, or both, in the Stat	e of Florida. I am familiar wil	th, and accept	
SIGNATURE	1. 1. A 1.	men, JER		omey - DiREC		12003	
	1-01	no title ii absticable? (NO)	E: Rigistered Agent signature rec	quired when prinstating) PRESIDE	NT 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 Campa Trust Fund Con	· · · · · · · · · · · · · · · · · · ·	.00 May Be led to Fees	
10.	. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTO	DRS IN 11	
TITLE NAME STREET ADDRESS	PD TWOMEY, JEREMIAH A 3801 SOUTH LAKE DRIVE	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change		
CITY-ST-ZIP	TAMPA FL 33614		CITY-ST-ZIP			2002	
TITLE		☐ Delete	TITLE	·	Change		
NAME STREET ADDRESS	· :		NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	•			
TITLE NAME		☐ Delete	TITLE		Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME		☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS				
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TITLE NAME :		☐ Delete	TITLE		☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			[
TITLE NAME		☐ Delete	TITLE		☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS				

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

President.