2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P0100001155 1. Entity Name 1. Entity Na						FILED 02 MAY - 1 PM 3: 11													
										Principal Place 160 VILANO R ST. AUGUSTIN		Mailing Address 160 VILANO RD #2 ST. AUGUSTINE FL 32084				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal F	Place of Business	3. Mailing Address			- I (BOTTOP) ist bollet hight both both both dolla high knom oher eist feat														
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE														
City & State		City & State			4 . F	El Number 59-3690167	<u> </u>	oplied For ot Applicable											
Zip	Country	Zip Count		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required														
	6. Name and Address of Current Re	egistered Agent		Name	7. 1	Name and Address of New Registere	d Agent												
	SCJA, DAVID			Street Address (P.O. Box Number is Not Acceptable)															
	IĆE DE LEON BLVD., UNIT 7 STINE FL 32084																		
				City		F	Zip Cod	e											
8. The above	named entity submits this statement for t	he purpose of changing its	register	.L. ed office or registe	ered ag	ent, or both, in the State of Florida.													
SIGNATURE	Signature, typed or printed name of registered agent and	t title if applicable (NOTi	F: Registers	ed Agent signature require	ed when re	einstatino) DAT													
O This serve						3,													
 This corporation is eligible to satisfy its Intangibl Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$1 After May 1, 2002 Fee will be Make Check Payable to Departm		will be \$550,00															
11.	OFFICERS AND D		12.		AD	DITIONS/CHANGES TO OFFICERS A													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UHLAND, HOLLY L 160 VILANO RD., #2 ST. AUGUSTINE FL 32084	☐ Delete		1	,		☐ Change	☐ Addition											
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CITY-ST-ZIP				Y-ST-ZIP		****150.00	****15	0.00											
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CITY-ST-ZIP TITLE NAME		Delete	TITE	E ME			☐ Change	Addition											
STREET ADDRESS CITY-ST-ZIP				EET ADORESS (-ST-ZIP			3.00	**											
TITLE NAME STREET ADDRESS ČÍTY-ST-ZIP		☐ Delete					☐ Change	☐ Addition											
indicated of the cor	certify that the information supplied with the don't his report or supplemental report is transcription or the receiver or trustee empower, or on an attachment with an address, with the contraction of the certification	ue and accurate and that rered to execute this report	ny signa as requ	iture shall have the	same l	legal effect as if made under oath; tha	t I am an officer	or director											



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 15, 2002

TENDERS RESTAURANT INC. 2117 NW 6TH ST GAINESVILLE, FL 32609

SUBJECT: TENDERS RESTAURANT INC.

Ref. Number: P00000113981

We have received your document for TENDERS RESTAURANT INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

The total amount due to reinstate is \$300.00.

Please attach letter requesting fee abatement.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Letter Number: 402A00022395

Tyrone Scott Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314