

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-13-2002 90108 011 ***150.00

DOCUMENT # P01000017516

1. Entity Name

FLEMING'S SEAFOOD RESTAURANT, INC.

Principal Place of Business

8793 TAMiami TRAIL EAST, #E-120
 NAPLES FL 34113

Mailing Address

8793 TAMiami TRAIL EAST, #E-120
 NAPLES FL 34113

2. Principal Place of Business

8793 TAMiami TRAIL EAST

3. Mailing Address

SAME

Suite, Apt. #, etc.

#1200

Suite, Apt. #, etc.

City & State

NAPLES

City & State

NAPLES

Zip

34113-3308

Country

USA

Zip

Country

4. FEI Number

65-7062368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAMPOS, ADRIANA M
 8793 TAMiami TRAIL EAST, #E-120
 NAPLES FL 34113

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D CAMPOS, COLON H**
 STREET ADDRESS **5259 MYRTLE LN.**
 CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ Delete
 NAME **D CAMPOS, ADRIANA M**
 STREET ADDRESS **5259 MYRTLE LN.**
 CITY-ST-ZIP **NAPLES FL 34113**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-01 941
 7254424

CR2E034 (9/01)