

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90346 030 ***550.00

DOCUMENT # P01000029377

1. Entity Name

BARE BONES FISH & STEAKHOUSE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3409 Gulf Winds Circle

Suite, Apt. #, etc.

3. Mailing Address

976 Del Mar Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hernando Beach, FL

City & State

The Villages, FL

4. FEI Number

59-3706950

Applied For

Not Applicable

Zip

34607

Country

US

Zip

32159

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Thomas A. McEachern, III

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

3409 Gulf Winds Circle

City

Hernando Beach

FL

Zip Code

34607

8. The above named entity submits this statement for the purpose of changing its registered office, 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

7/3/02

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

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPT
McEachern, Thomas A., III
3409 Gulf Winds Circle
Hernando Beach, FL 34607**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVS
McEachern, Karen J.
3409 Gulf Winds Circle
Hernando Beach, FL 34607**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 207, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)