

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-14-2002 90290 026 ***150.00

DOCUMENT # P01000031865

1. Entity Name

BUFFALO SOLDIER ISLAND RESTAURANT, INC.

Principal Place of Business

1143 AVE D**FT PIERCE FL 34950**

Mailing Address

1143 AVE D**FT PIERCE FL 34950**

2. Principal Place of Business

1143 Avenue D.

Suite, Apt. #, etc.

3. Mailing Address

1143 Ave D

Suite, Apt. #, etc.

City & State

Ft. Pierce, Florida

Zip

34950

Country

St. Lucie

City & State

Ft. Pierce, FL.

Zip

34950

Country

St. Lucie

4. FEI Number

65-1093685

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GRANT, VERONICA
109 TROPIC COURT
FT PIERCE FL 34948

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

PD ☐ Delete
STEWART, LUTHER
1143 AVE D
FT PIERCE FL 34950

VTD ☐ Delete
REECE, LILLIETH
1143 AVE D
FT PIERCE FL 34950

SD ☐ Delete
THOMAS, ROBERT
1143 AVE D
FT PIERCE FL 34950

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

☐ Change ☐ Addition
NAME
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☐ Change ☐ Addition
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

4-25-02 (112) 595-1798

Date

Daytime Phone #

CR2E034 (9/01)