

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90767 022 \*\*\*150.00

DOCUMENT # P01000041251

1. Entity Name

SEAFOOD KITCHEN OF ST. AUGUSTINE, INC.



**DO NOT WRITE IN THIS SPACE**

90117878

2. Principal Place of Business  
108 Anastasia Blvd.

Suite, Apt. #, etc.

3. Mailing Address  
108 Anastasia Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
St. Augustine, FL

Zip

Country

City & State  
St. Augustine, FL

Zip

Country

4. FEI Number  
02-0533582

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Garner, Brian C.

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

City St. Augustine FL Zip Code  
32084

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 15 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Garner, Brian  
108 Anastasia Blvd.  
St. Augustine, FL 32084

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 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 (12/02)