

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000045105

1. Entity Name

DAYTONA STEAKHOUSE, INC.

Principal Place of Business

6462 CENTRAL AVE.
ST. PETERSBURG FL 33707

Mailing Address

6462 CENTRAL AVE.
ST. PETERSBURG FL 33707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3721532

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALONEY, JOHN L
3862 CENTRAL AVE.
ST. PETERSBURG FL 33711

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
D SUTTON, ROBERT
STREET ADDRESS 6462 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33707 ☐ Delete

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

TITLE NAME
D SUTTON, SAMUEL
STREET ADDRESS 405 N. OCEAN BLVD., #1507
CITY-ST-ZIP POMPAHO BEACH FL 33062 ☐ Delete

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

TITLE NAME
D SCHALER, MICHAEL
STREET ADDRESS 450 TIMBERLANE DR.
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 ☐ Delete

TITLE NAME
STREET ADDRESS 6026 PARK RIDGE DRIVE
CITY-ST-ZIP PORT ORANGE FL 32127 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Daytime Phone #

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-03-2002 90028 024 ***150.00

90702

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)