AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL -9 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000046927

1. Entity Name
LOGGERHEAD CAFE & DELI, INC.

Principal Place of Business	Mailing Address
381 SANTA ROSA BLVD. FT. WALTON BEACH, FL 32548	409 STAHLMAN AVE. DESTIN, FL 32541

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	4421 Commons Dr. East
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 171
City & State	City & State Destin, FL
Zip / Country	Zip 32541 / Country USA

4. FEI Number 59-3719882 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAY, MONICA
409 STAHLMAN AVE.
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name Richard L. Clark
Street Address (P.O. Box Number is Not Acceptable) 4421 Commons Dr. East, Suite 171
City Destin FL Zip Code 32541

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] 6-16-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIM, MONICA 409 STALKMAN AVE DESTIN, FL 32541 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000021414710 07/09/03--01052--002 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Richard L. Clark 4421 Commons Dr. E, Ste 171 Destin, FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Richard L. Clark, Pres. 6/16/03 850-496-1103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JK 7/10