## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P01000071207

1. Entity Name

SOUTHEASTERN RESTAURANT SERVICES, INC.



## **FILED** Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90040 034 \*\*\*150.00

						CO WE VE					
Principal Plac	ce of Busines	s	Maili	ng Address							
2050 TATRA ST.				2050 TATRA ST.				0000			
OVIEDO FL 32791				OVIEDO FL 32791				2200	4517		
										EE111 (B4) (B4)	
				•							
2. Principal F	Place of Busin	ness	3. Ma	3. Mailing Address						<b>CO</b> NH ( <b>CO</b> N H <b>CO</b> N	
Suite, Apt.	# etc			Cuito Act # oto							
oune, Apt.	. # <sub>1</sub> GIC.		J	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKII	NG CHANGES		
City & Stat	te		City	City & State				FEI Number	TA	pplied For	
								59-3736151	<del></del>	ot Applicable	
Zip Country			Zip	Zip Count			5. Certificate of Status Desired \$8.75 Additional				
DC /	<u>6                                    </u>						Fee Required				
	6. Name	and Address of Curre	nt Register	ed Agent -	-	N	7;	Name and Address of New Registere	d Agent		
AANE VEW						Name					
COYLE, K		•					Street Address (P.O. Box Number is Not Acceptable)				
2050 TATRA STREET											
OVIEDO F	L 32791	•									
						City		<u>.                                    </u>	■ Zip Cod	e	
8 The above	named ontib	r submits this statement	for the name			1 60		-	<b>L</b>   '		
the obligat	ions of regist	ered agent.	tor the purp	ose of changing its	register	ea office or regist	ered ag	gent, or both, in the State of Florida. I ar	n familiar with,	and accept	
; SIGNATURE .					•						
SIGNATURE .		or printed name of registered age	ent and title if app	olicable. (NOT	E: Registere	d Agent signature requir	red when re	einstating) DATE			
3 F	ILE NOW!!	! FEE IS \$150.00		<u> </u>		<u>.</u>					
		3 Fee will be \$550.0	0					9. Election Campaign Financing	_ \$5.0	<b>0</b> May Be	
		Florida Department						Trust Fund Contribution.		to Fees	
10.	<u> </u>	OFFICERS AN					ΔΓ	L DDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	2 INL 11	
TITLE	DPS			☐ Delete	TITLE	-	7,0	DEMONST CHANGES TO CITICENS AF	Change	Addition	
NAME	COYLE, KI	ELLY		_ Donaid	NAM				. Change	☐ Adultion	
STREET ADDRESS 2050 TATRA ST.				STREE							
CITY-ST-ZIP				CIT		-ST-ZIP					
TITLE	VP			☐ Delete	TITLE	:			☐ Change	Addition	
NAME	KELL, TON	4			NAMI	E			onange		
STREET ADDRESS	ADDRESS 1379 CHAPARRAL LANE				ET ADDRESS	ADDRESS					
CITY-ST-ZIP		PRINGS FL 32708			CITY	-ST-ZIP					
TITLE		-, pa		Delete	FITLE					Addition_	
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NAME .					NAME				-		
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indicated of	ertity that the on this report	intermation supplied wit or supplemental report	th this filing is true and a	does not qualify for accurate and that m	the exen ly signati	nption stated in S ure shali have the	ection 1 same le	119.07(3)(i), Florida Statutes. I further ca	ertify that the in	formation or director	

12. empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**SIGNATURE:**