

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90144 044 \*\*\*150.00

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**DOCUMENT # P01000088198**

1. Entity Name  
**P R S CUISINE, INC.**



Principal Place of Business  
**7640 N WICKHAM ROAD  
#120  
MELBOURNE FL 32904**

Mailing Address  
**1700 WEST NEW HAVEN AVENUE #401  
MELBOURNE FL 32904**

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 **59-3743817**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAGNER, S.J.  
1700 WEST NEW HAVEN AVENUE #401  
MELBOURNE FL 32904**

Name **S.J. Wagner**  
Street Address (P.O. Box Number is Not Acceptable) **7640 N. Wickham Rd #120**  
City **Melbourne** **FL** Zip Code **32904**

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 *S.J. Wagner* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 **D** ☐ Delete  
NAME **WAGNER, S.J.**  
STREET ADDRESS **1700 WEST NEW HAVEN AVENUE #401**  
CITY-ST-ZIP **MELBOURNE FL 32904**

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

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CITY-ST-ZIP

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:** *S.J. Wagner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

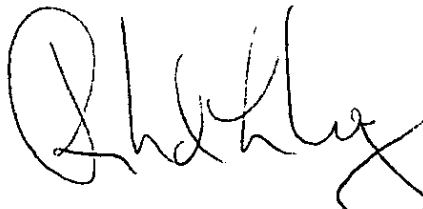
Sept 4th, 2003

Attachment  
80145307  
PO1000088198

To Whom it may Concern:

PRS Cuisine, Inc never received the initial Uniform Business Report. In fact, it was by complete accident that I came across it from another Nature's Table restaurant to which this report was sent. The mailing address has been changed on the report so as this confusion will be avoided next year. Should you have any questions regarding this matter, please contact the undersigned at 407 234 7424.

Sincerely,

  
Richard L. Wagner