

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

**FILED**  
**Aug 28, 2003 8:00 am**  
**Secretary of State**

08-28-2003 90070 024 \*\*\*550.00

0154160 FP

**DOCUMENT # P01000091507**

1. Entity Name  
**TABLE FOR TWO INC.**

Principal Place of Business  
**1750 HIGHWAY A1A SOUTH. STE. A  
ST. AUGUSTINE FL 32080**

Mailing Address  
**1750 HIGHWAY A1A SOUTH. STE. A  
ST. AUGUSTINE FL 32080**

2. Principal Place of Business  
**421 POINT CIRCLE**

3. Mailing Address  
**421 POINT CIRCLE**

Suite, Apt. #, etc.

City & State  
**ST. AUGUSTINE**

City & State  
**ST. AUGUSTINE**

Zip  
**32080**

Country

Zip  
**32080**

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **22-3828541** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**DELLAVALLE, SUZANNE  
1750 HWY A1A SOUTH #A  
ST. AUGUSTINE FL 32080**

7. Name and Address of New Registered Agent  
Name  
**DELLAVALLE, SUZANNE**  
Street Address (P.O. Box Number is Not Acceptable)  
**421 POINT CIRCLE**  
City, State, Zip Code  
**ST. AUGUSTINE FL 32080**

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 *Suzanne DellaValle* DATE 8/26/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P DELLEVALLE, SUZANNE 421 POINT CIRCLE ST AUGUSTINE FL 32080</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DELLAVALLE, SUZANNE 421 MARSH POINT CIRCLE ST AUGUSTINE FL 32080</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Suzanne DellaValle* DATE 8/26/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)