

**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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DELLAVALLE, SUZANNE
1750 HWY A1A SOUTH #A
ST. AUGUSTINE FL 32080

4. FEI Number **22-3828541**

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
DELLAVALLE, SUZANNE

Street Address (P.O. Box Number is Not Acceptable)
421 POINT CIRCLE

City
ST. AUGUSTINE

FL

Zip Code
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* (NOTE: Registered Agent signature required when reinstating)

DATE 8/26/03

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Suzanne DellaValle* **8/26/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)