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

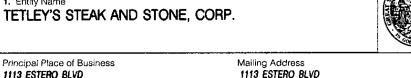
1113 ESTERO BLVD FT MYERS BCH FL 33931

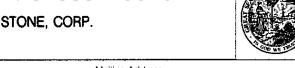


FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90065 021 ***150.00

	P01000119546	
. Entity Name ETLEY'S STEAK AND ST	ONE, CORP.	
		GOO WE T





FT MYERS BCH FL 33931

2. Principal Place of Business	3. Mailing Address
18570 DEEP PASSAGE LN	18570 DEEP PASSAGE LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

DATE

City & State	City & State	•	4. FEI Number ADDI IED FOR	Applied For
FT. MYERS BEACH ,FL	FT. MYERS	BEACH	4. FEI Number APPLIED FOR	Not Applicable
Zip Country LEE	33 93 1	Country LEE	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current F		7. Name and Address of New Registered	Agent	
** **		Name		

GOLDI	EN É	, IN	NC.	
18570	DEE	ΡF	Passage Lane	
·FT, MY	ERS	FL	. 33931	
			•	

SIGNATURE

7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable	le)				
City	FL	Zip Code			

The above named entity submits this statement for the purpose of changing its registered office or registered agen	t, or both, in t	the State of Florida.	I am familiar with, ar	nd accept
the obligations of registered agent.		-		

(NOTE: Registered Agent signature required when reinstating)

		LE'NOW!!!			
	After	May 1, 200	3 Fee w	/ill be \$550.	00
Make	Check	Payable to	Florida	Departmen	t 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	3 IN 11
TITLE	D	☐ Delete	TITLE	P, A, T	Change	Addition
NAME	WEYERS, JUERGEN		NAME	WEYERS JUERGEN		
STREET ADDRESS	18570 DEEP PASSAGE LANE	** *	STREET ADDRESS	USTO DEEP PASSAGE LN	•	ŀ
CITY-ST-ZIP	FT MYERS BCH FL 33931	•	CITY-ST-ZIP	WEYERS JUERGEN 18570 BEEP PASSAGE LN FT. MYERS BCH FL 33931		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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TITLE		☐ Delete	TITLE		Change	Addition
NAME			NAME		_	I
STREET ADDRESS			STREET AODRESS			I
CITY-ST-ZIP			CITY-ST-ZIP			
017 1 - 01 - EIF			OITT-DI-LII			

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: