

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91525 028 ***150.00

DOCUMENT # *P02000006113*

1. Entity Name
MAGELLAN Restaurant, inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
333 N. 1st St. Magellan's

3. Mailing Address
Thomas Corsano

Suite, Apt. #, etc.
Jax Beach FL

Suite, Apt. #, etc.
426 Myra St

City & State
32266 FL

City & State
Neptune Beach FL

Zip
32266

Country
Duval

Zip
32266

Country
Duval

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *THOMAS CORSANO*

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

426 Myra St

City
Neptune Beach

FL

Zip Code
32266

**DO NOT WRITE
IN THIS SPACE**

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

Thomas Corsano **THOMAS CORSANO President**

4/21/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 <i>President</i> | NAME <i>THOMAS CORSANO</i> | STREET ADDRESS <i>426 Myra St</i> | CITY - ST - ZIP <i>Neptune Beach FL 32266</i> |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Corsano* **THOMAS CORSANO President**

4/21/03

904 247-5240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)