

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90477 043 ***150.00

DOCUMENT # ~~P0100000000~~ P02000006242

1. Entity Name

GAS GRILL CENTERS OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11947 N.W. 37TH STREET

Suite, Apt. #, etc.

3. Mailing Address
11947 N.W. 37TH STREET

Suite, Apt. #, etc.

20005406

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

4. FEI Number 043590814

Applied For
Not Applicable

Zip
33065

Country
USA

Zip
33065

Country
USA

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

7. NAME AND ADDRESS OF CURRENT AGENT

7. Name and Address of NEW Registered Agent

Name
A1A REGISTERED AGENT, INC.

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

25 S.E. 2ND AVENUE SUITE 1036

City
MIAMI

FL Zip Code
33131

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

PAUL SMITH, Vice President

1-8-03

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
GREG BUFFINGTON
11947 N.W. 37TH STREET
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT
DAN O'CONNER
11947 N.W. 37TH STREET
CORAL SPRINGS, FL 33065

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like or powers.

SIGNATURE:

PRESIDENT

12-15-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034B (12/01)