


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

FILED

03 MAY -6 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1. Entity Name THE BAYOU RESTAURANT, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 3035 HOLLY ROAD City & State ORANGE PARK, FLORIDA Zip 32065 Country CLAY	3. Mailing Address Suite, Apt. #, etc. 3035 HOLLY ROAD City & State ORANGE PARK, FLORIDA Zip 32065 Country CLAY
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DO NOT WRITE IN THIS SPACE

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4. FEI Number 02-0664613	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Leonardo J. Maiman, Esquire	
Street Address (P.O. Box Number is Not Acceptable) 50 N. LAURA STREET, SUITE 2500	
City JACKSONVILLE	Zip Code FL 32202

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  Signature, typed or printed name of registered agent and title if applicable.	DATE Leonardo J. Maiman (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D WRAY, BILLIE K. 3035 Holly Road Orange Park, FL 32065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500018301455 05/06/03--01085--011 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D WRAY, WILLIAM CODY 3035 Holly Road Orange Park, FL 32065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: 	Billie K. Wray, President	(904)281-4831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

CR2E034B (12/02)