

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90740 032 ***150.00

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DOCUMENT # P02000013961

1. Entity Name
SUSHI ROCK GRILL, INC.



Principal Place of Business
**1018 MONTEREY BLVD. NE
ST. PETERSBURG FL 33704**

Mailing Address
**1018 MONTEREY BLVD. NE
ST. PETERSBURG FL 33704**

2. Principal Place of Business

3. Mailing Address
5401 Central Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
St. Petersburg, FL

4. FEI Number
02-0541083

Applied For
Not Applicable

Zip

Country

Zip
33710

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COHRS, DENIS A
2575 ULMERTON RD., SUITE 210
CLEARWATER FL 33762**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HARRIS, LAURA L**
STREET ADDRESS **1018 MONTEREY BLVD. NE**
CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (727) 433-1794
Date Daytime Phone #

CR2E034 (10/02)