

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000023032

1. Entity Name

J.L. TRENTS SEAFOOD GRILL NUMBER TWO, INC.



Principal Place of Business

4627 OCEAN ST
MAYPORT FL 32233

Mailing Address

4627 OCEAN ST
MAYPORT FL 32233

2. Principal Place of Business

8968 103rd St.
Suite, Apt. #, etc.

3. Mailing Address

8968 103rd St.
Suite, Apt. #, etc.

City & State

Jacksonville, FL 32210

City & State

Jacksonville, FL

4. FEI Number

04-3616375 (Sany)

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, ALBERT S
4627 OCEAN ST
MAYPORT FL 32233

7. Name and Address of New Registered Agent

Name James L. Trent
Street Address (P.O. Box Number is Not Acceptable)
8968 103rd St.
City Jacksonville FL Zip Code 32210

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

(NOTE: Registered Agent signature required when reinstating)

9/19/03
DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRENT, JAMES L 4627 OCEAN ST MAYPORT FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRENT, RAYMOND E 4627 OCEAN ST MAYPORT FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James L. Trent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/19/03

FILED
03 OCT 13 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03
CHECK HERE IF MAKING CHANGES

CR2E034 (4/03)

J L Trent's Seafood & Grill II Inc.

8968 103rd St.

Jacksonville, FL 32210


September 18, 2003

Re: J L Trent's Seafood & Grill II Inc.
P02000023032

To Whom It May Concern:

This letter is to inform you that I never received my 2003 uniform business report until recently. The name and address on the form is for the registered agent who is no longer in business and whom I have had no contact with. I was unaware that this was not paid and I am sending in a check for \$150.00 immediately and would appreciate the removal of all penalties.

Thank you,


James L. Trent
President