

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90073 041 ***150.00

DOCUMENT # P02000046301

1. Entity Name

JAT RESTAURANTS, INC.



DO NOT WRITE IN THIS SPACE

10091087

2. Principal Place of Business
124 N. Palmetto Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 632

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Flagler Beach, FL

City & State
Flagler Beach, FL

4. FEI Number

02-06-10749

Applied For

Not Applicable

Zip
32136

Country
US

Zip
32136

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Scott E. Johnson, Esq.

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

111 N. Orange Avenue, Suite 1200

City
Orlando

FL

Zip Code
32801

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Signature

4/26/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
John Thall
124 N. Palmetto Avenue
Flagler Beach, FL 32136

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Michelle Robertson
124 N. Palmetto Avenue
Flagler Beach, FL 32136

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:

Signature

John Thall, Director

Date

4/23/03

Daytime Phone

386-517-2518

CR2E034B (12/02)