

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

03-31-2003 90112 001 ***150.00

DOCUMENT # P02000063218



1. Entity Name
FLORIDA RESTAURANT CONCEPTS, INC.

Principal Place of Business
**603 INDIAN ROCKS ROAD
BELLEAIR FL 33756**

Mailing Address
**603 INDIAN ROCKS ROAD
BELLEAIR FL 33756**

55024313



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

81-0559412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLATTE, DAVID E
603 INDIAN ROCKS ROAD
BELLEAIR FL 33756**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

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

TITLE **PD** ☐ Delete
NAME **WALZ, MICHAEL C**
STREET ADDRESS **1308 E. 60TH ST., N.**
CITY-STATE-ZIP **SIOUX FALLS SD 57104**

TITLE **VD** ☐ Delete
NAME **WILLISON, JEFFREY C**
STREET ADDRESS **3328 CRESCENT OAKS BLVD.**
CITY-STATE-ZIP **TARPON SPRINGS FL 35688**

TITLE **STD** ☐ Delete
NAME **CODY, JOSEPH F**
STREET ADDRESS **9033 NORTHSHORE DRIVE**
CITY-STATE-ZIP **SPICER MN 56288**

TITLE **D** ☐ Delete
NAME **DOWNS, RICHARD A**
STREET ADDRESS **400 ARMSTRONG BLVD.**
CITY-STATE-ZIP **ST. JAMES MN 56081**

TITLE **D** ☐ Delete
NAME **HERNDON, H. "HAP" DAYNE JR.**
STREET ADDRESS **2559 HALL JOHNSON ROAD, #1312**
CITY-STATE-ZIP **GRAPEVINE TX 75051**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

JEFFREY C WILLISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/03 727-505-4878

CR2E034 (10/02)