

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State

06-12-2003 90009 040 ***550.00

001046 AV

DOCUMENT # P02000070259

1. Entity Name

STEPHANIE'S RESTAURANT INC.



Principal Place of Business

**4508 US 1 N
ST AUGUSTINE FL 32095**

Mailing Address

**4508 US 1 N
ST AUGUSTINE FL 32095**

2. Principal Place of Business

4508 US 1 N

Suite, Apt. #, etc.

3. Mailing Address

3125 Kings Rd.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

4. FEI Number

30-0096915

Applied For

Not Applicable

Zip

32095

Country

Zip

32086

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BURN, NANCY - Delete
365 VENETIAN BLVD
STAUGATINE FL 32095-8241**

7. Name and Address of New Registered Agent

Name **Charles E. Hall**

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

77 Almeria Street

City

St. Augustine

FL

Zip Code

32084

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

5/16/03

**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 **PT** **Stephanie Stallman** ☐ Delete
NAME
STREET ADDRESS **3125 Kings Rd.**
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **VS** **Randy Stallman** ☐ Delete
NAME
STREET ADDRESS **3125 Kings Rd.**
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** **Stephanie Stallman** ☐ Change ☒ Addition
NAME
STREET ADDRESS **3125 Kings Rd.**
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **VS** **Randy Stallman** ☐ Change ☒ Addition
NAME
STREET ADDRESS **3125 Kings Rd.**
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephanie Stallman

6-9-03

CR2E034 (10/02)