2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

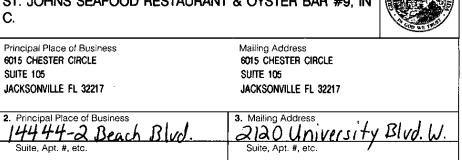
DOCUMENT #



Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91840 044 ***150.00

FILED

P02000105646 1. Entity Name ST. JOHNS SEAFOOD RESTAURANT & OYSTER BAR #9. IN



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☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number Jacksonville Jacksonville Not Applicable \$8.75 Additional 5. Certificate of Status Desired DUVA Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent AKEL, DANIEL D Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE **SUITE 2301** JACKSONVILLE FL 32202 City 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE **☑** Change ☐ Addition ☐ Delete RUKAB, ROBERT NAME NAME 2120 University Blud. W. STREET ADDRESS 6015 CHESTER CIRCLE, #105 STREET ADDRESS CITY - ST - ZIP JACKSONVILLE FL 32217 CITY-ST-ZIP Jacksonville, Fl. 32217 TITLE Delete TITLE Change ■ Addition RUKAB, LORI NAME NAME 2120 university Blvd. W. STREET ADDRESS STREET ADDRESS 6015 CHESTER CIRCLE, #105 CITY-ST-ZIP JACKSONVILLE FL 32217 CITY-ST-ZIP Jacksonville, Fl. 32217 ☐ Delete TITLE TITLE Change ☐ Addition NAME FARAH, GREG NAME 2120 University Blvd. W. STREET ADDRESS STREET ADDRESS 6015 CHESTER CIRCLE, #105 JACKSONVILLE FL 32217 CITY-ST-ZIP CITY-ST-ZIP Jacksonville, Fl. 32217 ☐ Delete Change ☐ Addition FARAH, MUNA 2120 university Blud. W. STREET ADDRESS STREET ADDRESS 6015 CHESTER CIRCLE, #105 CITY-ST-ZIP JACKSONVILLE FL 32217 CITY-ST-ZIP Jacksonville F1.32217 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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: