

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91840 044 ***150.00

DOCUMENT # P02000105646

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



Principal Place of Business
**6015 CHESTER CIRCLE
SUITE 105
JACKSONVILLE FL 32217**

Mailing Address
**6015 CHESTER CIRCLE
SUITE 105
JACKSONVILLE FL 32217**

2. Principal Place of Business

14444-2 Beach Blvd.
Suite, Apt. #, etc.

3. Mailing Address

2120 University Blvd. W.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville, Fl.

City & State

Jacksonville, Fl.

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

32250

Country

Duval

Zip

32217

Country

Duval

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

**AKEL, DANIEL D
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202**

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 reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RUKAB, ROBERT**
STREET ADDRESS **6015 CHESTER CIRCLE, #105**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☒ Change ☐ Addition
NAME **2120 University Blvd. W.**
STREET ADDRESS **Jacksonville, Fl. 32217**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RUKAB, LORI**
STREET ADDRESS **6015 CHESTER CIRCLE, #105**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☒ Change ☐ Addition
NAME **2120 University Blvd. W.**
STREET ADDRESS **Jacksonville, Fl. 32217**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FARAH, GREG**
STREET ADDRESS **6015 CHESTER CIRCLE, #105**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☒ Change ☐ Addition
NAME **2120 University Blvd. W.**
STREET ADDRESS **Jacksonville, Fl. 32217**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FARAH, MUNA**
STREET ADDRESS **6015 CHESTER CIRCLE, #105**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☒ Change ☐ Addition
NAME **2120 University Blvd. W.**
STREET ADDRESS **Jacksonville, Fl. 32217**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

☐ 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:

ROBERT RUKAB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/03

Daytime Phone #

(904)-737-9498

CR2E034 (10/02)