

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90044 019 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000107661

1. Entity Name
**EL TORO MEXICAN FAMILY RESTERAUNT III,
INC.**



Principal Place of Business
**626 ROSSMOOR CIRCLE
MELBOURNE, FL 32940**

Mailing Address
**626 ROSSMOOR CIRCLE
MELBOURNE, FL 32940**

90100581

2. Principal Place of Business
1664 St. Rt. 288
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zelienople, PA

City & State

4. FEI Number
16-1631679

Applied For
Not Applicable

Zip
16063

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JESSEMAN, WILLIAM
626 ROSSMOOR CIRCLE
MELBOURNE, FL 32940**

7. Name and Address of New Registered Agent

Name
Paul A Bouvier

Street Address (P.O. Box Number is Not Acceptable)
3210 N. Wickham Rd #5

City
Melbourne

FL

Zip Code
32935

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's 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**PRESIDENT
BILL JESSEMAN
626 ROSSMOOR CIRCLE
MELBOURNE, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**VP
TIMOTHY J JESSEMAN
1388 Route 588
Fombell, PA 16123**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**S.T.
Jose Lopez
702 Vision Terrace
Palm Bch. Gardens, FL 33418**

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

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

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

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:

William Jesseman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03

Date

321 254 4978

Daytime Phone #

CR2E034 (10/02)