
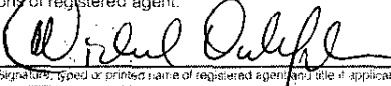
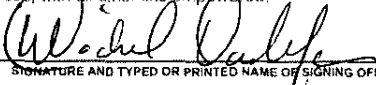


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91165 030 ***150.00

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

DOCUMENT # 902000115329			
1. Entity Name Garden Grille, Inc			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 34018 US Hwy 19 N.		3. Mailing Address 34018 US Hwy 19 N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Harbor, FL		City & State Palm Harbor, FL	
Zip 34684		Zip 34684	
Country		Country	
4. FEI Number 51-0432791		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Michael P. Daskalopoulos			
Street Address (P.O. Box Number is Not Acceptable) 34018 US Hwy 19 N.			
City Palm Harbor FL Zip 34684			
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 		PRESIDENT 5/1/03	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P Michael P. Daskalopoulos 34018 US Hwy 19 N. Palm Harbor, FL 34684			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		PRESIDENT 5/1/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)