

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90175 025 ***550.00

015073 RP

DOCUMENT # P02000124362

1. Entity Name

THE WATERFRONT RESTAURANT, INC.



Principal Place of Business

**111 S BAY BLVD
ANA MARIA FL 34216**

Mailing Address

**111 S BAY BLVD
ANA MARIA FL 34216**

2. Principal Place of Business

3. Mailing Address

P.O. Box 4179

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Anna Maria, FL

Zip

Country

Zip

Country

34216

4. FEI Number

30-0131943

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BROWNING, ROBERT W

1800 SECOND ST STE 880

SARASOTA FL 34236

7. Name and Address of New Registered Agent

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

JASON SUZOR

8/8/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

**PRESIDENT
JASON SUZOR
540 67th ST.
HOLMES BEACH, FL 34217**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VICE PRESIDENT
DANIEL SUZOR
4337 PINE NEEDLE DR
SARASOTA, FL 34242**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SECRETARY/TREASURER
LEAH SUZOR
540 67th ST.
HOLMES BEACH, FL 34217**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

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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 OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/03

941-778 1515

Date

Daytime Phone #

CR2E034 (4/03)