

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90111 038 ***150.00

DOCUMENT # P02000128556

1. Entity Name
T.T. & E. RESTAURANT GROUP INC.



Principal Place of Business
6818 U.S. 19 N
NEW PORT RICHEY FL 34652

Mailing Address
6818 U.S. 19 N
NEW PORT RICHEY FL 34652

11010763



2. Principal Place of Business

Niko's Place Restaurant
Suite, Apt. #, etc.

3. Mailing Address

6818 US 19
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

NEW PORT RICHEY FL. NEW PORT RICHEY FL.

4. FEI Number

59-3746850

Applied For

Not Applicable

Zip
34652

Country
PASCO

Zip
34652

Country
PASCO

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

BOWMAN, THOMAS
6818 U.S. 19 N
NEW PORT RICHEY FL 34652

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 NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, THOMAS 6818 U.S. 19 N NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

THOMAS BOWMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 (727) 841-8151
Date Daytime Phone #

CR2E034 (10/02)