FILED
May 10, 2007 8:00 am
Secretary of State
05-10-2007 90031 044 ***150.00

2007 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000038446

1. Entity Name: T&S RESTAURANTS INC.

DO NOT WRITE IN THIS SPACE

40110457

2. Principal Place of Business	3. Mailing Address
381 E BURLEIGH BLVD	381 E BURLEIGH BLVD
Suite, Apt #, etc	Suite, Apt #, etc
City & State: TAVARES, FL	City & State: TAVARES, FL
Zip: 32778 Country: US	Zip: 32778 Country: US

DO NOT WRITE IN THIS SPACE

06-1687251

4. FEI Number: P03000038446 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: PATTI LEVIN BS EA

Street Address (P.O. Box Number is Not Acceptable): 1250 MT HOMER RD, STE 3

City: EUSTIS FL Zip Code: 32726

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: Patti Levin BS EA

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	TODD WHITMORE
STREET ADDRESS	33943 SECRET HILL DR
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	VICE PRESIDENT
NAME	SHARON WHITMORE
STREET ADDRESS	33943 SECRET HILL DR
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: Patti Levin BS EA — 5/1/07 — (352) 357-1007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #