FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90323 045 ***558.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000362

1. Entity Name
CAJUN OUTBACK, INC.

Principal Place of Business	Mailing Address
121 NORTH OSCEOLA AVE. SUITE #306 CLEARWATER, FL 34615 US	121 NORTH OSCEOLA AVE. SUITE #306 CLEARWATER, FL 34615 US

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	P.O. Box 509
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Clearwater, FL
Zip / Country	Zip: 33757 / Country

4. FEI Number: 59-3162274 ☐ Applied For ☐ Not Applicable

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
STAACK, JAMES A 121 NORTH OSCEOLA AVE. 2ND FLOOR CLEARWATER, FL 33755	Name: Street Address (P.O. Box Number is Not Acceptable): 900 Drew Street, Suite 1 City: Clearwater FL Zip Code 33755

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] 08/29/03
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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/D ☐ Delete	TITLE	P/D ☒ Change ☐ Addition
NAME	BROWN, JARED D	NAME	Jared D. Brown
STREET ADDRESS	121 NORTH OSCEOLA AVE.	STREET ADDRESS	17757 US Highway 19 N, Ste 325
CITY-ST-ZIP	CLEARWATER, FL 34615	CITY-ST-ZIP	Clearwater, FL 33764
TITLE	VP/D ☐ Delete	TITLE	VP/D ☒ Change ☐ Addition
NAME	BROWN, ROBERT G	NAME	Robert G. Brown
STREET ADDRESS	121 NORTH OSCEOLA AVE.	STREET ADDRESS	17757 US Highway 19 N, Ste 325
CITY-ST-ZIP	CLEARWATER, FL 34615	CITY-ST-ZIP	Clearwater, FL 33764
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] 8-29-03 727-443-6488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)