

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90037 034 ***158.75

0423464 AV

DOCUMENT # P93000000435

1. Entity Name

BEEF O'BRADYS PALMA CEIA, INC.

Principal Place of Business

**505 E. JACKSON STREET
 SUITE 308
 TAMPA FL 33602**

Mailing Address

**505 E. JACKSON STREET
 SUITE 308
 TAMPA FL 33602**

2. Principal Place of Business

2819 South MacDill Ave

Suite, Apt. #, etc.

3. Mailing Address

2819 South MacDill Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

TAMPA FL

4. FEI Number

59-3158574

Applied For

Not Applicable

Zip

33629

Country

USA

Zip

33629

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELLODY, JAMES P.

**505 E. JACKSON STREET
 SUITE 308
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

JAMES P. MELLODY

Street Address (P.O. Box Number is Not Acceptable)

5510 W. LaSalle Street # 200

City

TAMPA

FL

Zip Code

33607

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **MELLODY, JAMES P**
 STREET ADDRESS **505 E. JACKSON STREET**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE **VP** ☐ Delete
 NAME **HAVERFIELD, SHAWN T**
 STREET ADDRESS **904 SPINDLE PALM WAY**
 CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **MELLODY, JAMES P**
 STREET ADDRESS **5510 W. LaSalle Street # 200**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/02 813 640 3826

CR2E034 (9/01)