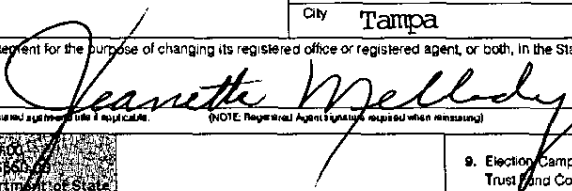
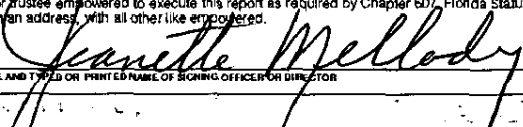


FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91362 012 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000435			
1. Entity Name BEEF O'BRADYS PALMA CEIA, INC.			
Principal Place of Business 2819 SOUTH MACDILL AVE SUITE 308 TAMPA, FL 33629		Mailing Address 2819 SOUTH MACDILL AVE SUITE 308 TAMPA, FL 33629	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-3158574	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELLODY, JAMES P. 5610 W. LASALLE STREET #200 TAMPA, FL 33607		7. Name and Address of New Registered Agent Name Jeanette Mellody Street Address (P.O. Box Number Is Not Acceptable) 5510 W LaSalle St., Suite 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  DATE _____ (Signature, typed or printed name of registered agent or officer if applicable) (NOTE: Registered Agent's signature required when necessary)			
FILE NOW! FEE IS \$150.00 If by May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust and Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE d ☒ Delete NAME MELLODY, JAMES P STREET ADDRESS 5610 W. LASALLE STREET #200 CITY-ST-ZIP TAMPA, FL 33607		TITLE D ☒ Change ☐ Addition NAME Jeanette Mellody STREET ADDRESS 5510 W LaSalle Street, Ste. 200 CITY-ST-ZIP Tampa, FL 33607	
TITLE VP ☐ Delete NAME HAVERFIELD, SHAWN T STREET ADDRESS 904 SPINDLE PALM WAY CITY-ST-ZIP APOLLO BEACH, FL 33572		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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:  DATE _____ Daytime Phone # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CRZE036 (10/02)