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	Mailing Address
2819 SOUTH MACDILL AVE SUITE 308 TAMPA, FL 33629	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

☒ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
MELLODY, JAMES P. 5510 W. LASALLE STREET #200 TAMPA, FL 33607	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: Jeanette Mellody DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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 MELLODY, JAMES P 5510 W. LASALLE STREET #200 TAMPA, FL 33607	☒ Delete	D Jeanette Mellody 5510 W LaSalle Street, Ste. 200 Tampa, FL 33607	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAVERFIELD, SHAWN T 904 SPINDLE PALM WAY APOLLO BEACH, FL 33572	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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