

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90276 026 ***150.00

DOCUMENT # P93000011326

1. Entity Name
CHEF'S GRILL PLUS, INC.

Principal Place of Business Mailing Address
277 B AZALEA DR 1475 30th ST
DESTIN FL 32541 DESTIN FL 32540

2. Principal Place of Business 3. Mailing Address
1475 30th ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Niceville FL

Zip Country Zip Country
32578 USA

4. FEI Number **59-3176768**

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

PLEAT, DAVID B
4477 LEGENADARY DR.
SUITE 202
DESTIN FL 32541

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **CREEHAN, TIMOTHY F**
 STREET ADDRESS **P.O. BOX 1504 N/A**
 CITY-ST-ZIP **DESTIN FL**

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

TITLE ☐ Delete
 NAME **Theresa Johnson**
 STREET ADDRESS **1475 30th ST.**
 CITY-ST-ZIP **Niceville FL 32578**

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

TITLE ☐ Delete
 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 officers empowered.

SIGNATURE: **[Signature]** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-16-02 850-837-4735

CR2E034 (4/02)