

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91527 021 \*\*\*150.00

DOCUMENT # **9930000143 44 C4**

1. Entity Name

**SOUTH POINT RESTAURANT INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**SOUTH POINT LOOP**

3. Mailing Address

**SOUTH POINT LOOP  
6426 BOWEN A STE 206**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**6426 BOWEN A STE 206**

City & State

City & State

**JACKSONVILLE FL**

**JACKSONVILLE FL**

Zip

Country

Zip

Country

**32216**

**DUKE**

**32216**

**DUKE**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3164120**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**HARRY ELLIOTT**

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

**6426 BOWEN A**

**SUITE 206**

City

**JACKSONVILLE**

FL

Zip Code

**32216**

**DO NOT WRITE  
IN THIS SPACE**

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

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>ELLIOTT, HARRY</b>	<b>6426 BOWEN A</b>	<b>JACKSONVILLE FL 32216</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/02 909262 6360**

Date

Daytime Phone #