9/13/01-90007-049-$150.00-$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000024174

Entity Name
SOPHIE KAY'S RESTAURANT, INC.

FILED
01 SEP 25 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3516 SOUTH ATLANTIC AVE. DAYTONA BEACH FL 32127	3516 SOUTH ATLANTIC AVE. DAYTONA BEACH FL 32127

DO NOT WRITE IN THIS SPACE

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 59-3176081 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETROS, THOMAS
3516 S. ATLANTIC AVE.
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

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.

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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDVP PETROS, SOPHIE KAY 2904 RIVER POINT DRIVE DAYTONA BEACH SHORES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: Sophie Kay Petros 9/7/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sophie Kay's
Waterfall Restaurant & Lounge
3516 South Atlantic Avenue
Daytona Beach Shores, Florida 32127
Phone ~~(904)~~ 386 756-4444 Fax ~~(904)~~ 386 761-4228

9/20/01

Dear Michelle Milligan:

Re: Waiver of Penalties and Fees

It was a pleasure talking to you today.
I respectfully request you please waive any penalties and fees for the following reasons.
My husband fell and broke his back and has emphesema and is on oxygen.
I am a cancer and brain tumor survivor. They left part of the tumor in my head, but as a result of the surgery I am totally deaf in my right ear. My right eye had a mini stroke and I am legally blind in that eye. I had cataract surgery in my good eye which was not successful and I need another surgery.
For these reasons I hired a temporary help which neglected many important things. I thank you for all of your considerations to waive my penalties and fees.