

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90004 037 \*\*\*150.00

8000500

**DOCUMENT # P93000057139**

1. Entity Name  
**BRITISH RESTAURANTS OF FLORIDA, INC.**

Principal Place of Business  
**1155 PASADENA SEMINOLE FL 34642 US**

Mailing Address  
**1155 PASADENA AVE S. APT A S. PASADENA FL 33707 US**

2. Principal Place of Business  
**1155 PASADENA AV S**

3. Mailing Address  
**HORSE - JOCKEY**

Suite, Apt. #, etc.  
**SOUTH PASADENA FL**

City & State  
**SOUTH PASADENA FL**

City & State  
**SOUTH PASADENA FL**

City & State  
**SOUTH PASADENA FL**

4. FEI Number **59-3194894** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HASKEL, LOUIS CPA  
 415 S. SAN REMO AVE  
 CLEARWATER FL 34619**

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 \_\_\_\_\_ (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 12, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D FOX, HILARY 7963 SAILBOAT S. PASADANA CA 33707</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OWNER HILARY FOX 7963 SAILBOAT KEY BLV S SOUTH PASADENA FL 33707</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** SIGNATURE REQUIRED HILARY FOX 07 18 01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment

#P93000057139

June 18<sup>th</sup> 2001

A0079263

DEAR SIR OR MADAM

DUE TO RECEIVING MY 2001  
UNIFORM REPORT LATE, I SPOKE TO  
YOUR OFFICE, TRN # 1850 245 6051  
AND EXPLAINED MY POSITION. I AM  
SENDING YOU A CHEQUE FOR \$150  
AS DIRECTED, AND I HAVE CHANGED  
MY ADDRESSES TO THE CORRECT  
PLACES ON THE ENCLOSED FORM.  
THANK YOU FOR YOUR HELP IN  
THIS MATTER  
HILARY FOX