FILED

Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90046 024 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** P93000063827 DOCUMENT #

1. Entity Name STOUTS JEWELL RESTAURANT, INC. Mailing Address Principal Place of Business 8349 OVERSEAS HWY 8349 OVERSEAS HWY MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0436594 Not Applicable Zio Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent-~ 7.- Name and Address of New Registered Agent GREENMAN, FRANKLIN D.P.A. Street Address (P.O. Box Number is Not Acceptable) 5800 OVERSEAS HIGHWAY SUITE 40 MARATHON FL 33050 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Addition TITLE TITLE CURRY, RICHARD NAME NAME 535 80TH STREET, OCEAN STREET ADDRESS STREET ADDRESS

MARATHON FL 33050 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CURRY, SUSAN J NAME STREET ADDRESS 535 80TH STREET, OCEAN STREET ADDRESS CITY-ST-ZIP MARATHON FL 33050 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 addr with all other like empowered

SIGNATURE: