2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am DOCUMENT # P93000088798 1. Entity Name SUNCOAST RESTAURANT MANAGEMENT, INC. 05-06-2002 90037 003 ***150.00 Principal Place of Business Mailing Address 3450 BUSCHWOOD PARK DRIVE 3450 BUSCHWOOD PARK DRIVE SUITE 195 **SUITE 195 TAMPA FL 33618** TAMPA FL 33618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3218852 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ~7. Name and Address of New Registered Agent NESBITT, STEVEN M Street Address (P.O. Box Number is Not Acceptable) 3450 BUSCHWOOD PARK DRIVE SUITE 195 **TAMPA FL 33618** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (9/01) ☐ Change ☐ Addition NAME VALENTI, DARRELL J NAME STREET ADDRESS 3450 BUSCHWOOD PARK DRIVE STREET ADDRESS CITY-ST-7/P TAMPA FL 33618 CITY-ST-7IP TITLE D □ Delete TITLE ☐ Change ■ Addition NAME JONES, THOMAS D NAME STREET ADDRESS 3450 BUSCHWOOD PARK DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33618 CITY-ST-ZIP ☐ Delete TITLE Change: ☐ Addition NESBITT, STEVEN M NAME STREET ADDRESS 3450 BUSCHWOOD PARK DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33618 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 SIGNATURE:

CITY-ST-ZIP

FILED