

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90021 049 ***150.00

DOCUMENT # P94000078886

1. Entity Name
TOKYO BAY RESTAURANT, INC.

Principal Place of Business

**5901 SUN BLVD
 STE 121.122
 ST PETERSBURG FL 33715
 US**

Mailing Address

**5901 SUN BLVD
 STE 121.122
 ST PETERSBURG FL 33715
 US**

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 **59-3273606**

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, ELIZABETH
 5029 29TH AVE S
 ST PETERSBURG FL 33707**

Name

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

2700 4th St. S.

City

Gulfport

FL

Zip Code

33707

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 **Eg Sonogi**

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-02

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	SONOGI, EIJI	
STREET ADDRESS	5029 29TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, ELIZABETH J	
STREET ADDRESS	5029 29TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Eg Sonogi**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-02

Date

727-867-0770

Daytime Phone #

CR2E034 (9/01)