2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

801 BEECH ST.

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FERNANDINA BEACH FL 32034

P94000088447 DOCUMENT

1. Entity Name

801 BEECH ST.

Principal Place of Business

FERNANDINA BEACH FL 32034

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

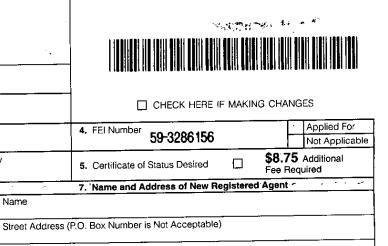
SIGNATURE

RESTAURANT LIFE CORPORATION



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90248 017 ***150.00



DATE

STAM, ROBERT A CPA -12 SOUTH STITLET 2398 Sadler Rd. FERNANDINA BEACH FL 32034

Signature, typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

Country

	City	FL Zip Code
The above named entity submits this statement for the obligations of registered agent	the purpose of changing its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept

Country

Name

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

9.	Election Campaign Financin	
	Trust Fund Contribution.	

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. CR2F034 (10/02) Addition TITI F ☐ Delete TITLE Elizabeth Smiddy NAME ERICKSON, ELIZABETH NAME STREET ADDRESS 801 BEECH ST. STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME BUCHANAN, CLAYTON STREET ADDRESS 801 BEECH STREET STREET ADDRESS CITY_ST_7IP FERNANDINA BEACH FL 32034 CITY-ST-ZIP Change Addition TITLE. ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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 address, with all other like empowered.

SIGNATURE: