2003 FOR PROFIT CORPORATION

FILED May 05, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P95000004052 DOCUMENT # 05-05-2003 90721 018 ***150.00 1. Entity Name STANTON FAMILY RESTAURANTS, INC. Principal Place of Business Mailing Address 1824 S THIRD ST 1824 S THIRD ST JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 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 59-3286013 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STANTON, TERRI L Street Address (P.O. Box Number is No Acceptable) 109 Sepsicle Circle 1898 VILLAGE COLEN DR Ponta Vedra Beach PL jacksonville fl 32**1**59 -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 Signature, typed or printed name of registered agent and title if applicable DATE (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. ☐ Addition TITLE ☐ Change TITLÈ ☐ Delete STANTON, DONALD C JR NAME NAME STREET ADDRESS 1824 S THIRD ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 CITY-ST-7IP ☐ Addition TITLE" DVS ☐ Delete TITLE ☐ Change NAME STANTON, TERRI L NAME STREET ADDRESS 1824 S THIRD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Fuguran s CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 emp

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition