UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009890

1. Entity Name

MR. T'S ENTERPRISES OF ST AUGUSTINE, INC.

FILED
03 SEP -8 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3545 U.S. 1 SOUTH #A10 ST. AUGUSTINE FL 32086	3545 U.S. 1 SOUTH #A10 ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
137 WATSON RD. Suite, Apt. #, etc.	137 WATSON RD. Suite, Apt. #, etc.
City & State: ST. AUGUSTINE, FL	City & State: ST. AUGUSTINE, FL
Zip: 32086 — Country:	Zip: 32086 Country:

4. FEI Number: 59-3298794 — 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
TOUZET, FRED C 3545 U.S. 1 SOUTH #A10 ST. AUGUSTINE FL 32086	Name Street Address (P.O. Box Number is Not Acceptable) 137 WATSON RD. City ST. AUGUSTINE FL Zip Code 32086

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: F C Touzet Jr. — 8/29/03
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — Date

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TOUZET, FRED 137 WATSON RD SAINT AUGUSTINE FL 32086 ☐ Delete	☐ Change ☐ Address 000023236990 09/22/03--01053--013 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRES TOUZET, FRED JR 1820 LIGHTSEY RD. ST-AUGUSTINE, FL. 32084 ☐ Delete	☐ Change ☐ Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Address

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: F C Touzet Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number