

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90990 027 ***150.00

LUUJ0J43

DOCUMENT # **P95000039314**
 1. Entity Name
CASTLE ROOM, INC

Principal Place of Business Mailing Address
223 CLEMATIS ST **222 CLEMATIS ST**
WEST PALM BEACH FL **WPB FL 33401**
33401

2. Principal Place of Business 3. Mailing Address **C/O SEI RESTAURANT GROUP**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
120 So. OLIVE AVE
#501

City & State City & State
WEST PALM BEACH **WEST PALM BEACH**

4. FEI Number **65-0580931** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Name and Address of Current Registered Agent
GERARD VISCONTI JR
222 CLEMATIS ST. # 207
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name **ANTHONY VISCONTI**
 Street Address (P.O. Box Number is Not Acceptable)
C/O SEI RESTAURANT GROUP
120 So OLIVE AVE #501
 City **WEST PALM BEACH** FL Zip Code **33401-5534**

I, the undersigned, have named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 Signature, typed 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.
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**

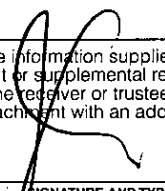
11. OFFICERS AND DIRECTORS

TITLE NAME	Dale Brisson <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	222 CLEMATIS ST WPB FL 33401
TITLE NAME	Vincent Holland <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	222 CLEMATIS ST WPB FL 33401
TITLE NAME	P.D GERARD VISCONTI JR <input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	222 CLEMATIS ST WPB FL 33401
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	C/O SEI RESTAURANT SEI Restaurant Group, Inc. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	120 So. Olive Ave., Suite 501 West Palm Beach, Florida 33401
TITLE NAME	SEI Restaurant Group, Inc. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	120 So. Olive Ave., Suite 501 West Palm Beach, Florida 33401
TITLE NAME	President ANTHONY VISCONTI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	C/O
TITLE NAME	SEI Restaurant Group, Inc. <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	120 So. Olive Ave., Suite 501 West Palm Beach, Florida 33401
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 applicable on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: _____ DAYTIME PHONE #: _____

CR2E034 (11/00)