

2000 UNIFORM BUSINESS REPORT (UBR)

1/19/01 10/2

DOCUMENT # **P95000050905**

1. Entity Name

OLD SIAM RESTAURANT, INC.

Principal Place of Business

Mailing Address

**1716 3rd STREET NORTH
JACKSONVILLE BEACH, FL 32250**

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

59 332 6715

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

**OLD SIAM RESTAURANT, INC.
1716 3rd STREET N.
JACKSONVILLE BEACH, FL 32250**

Name **THOMAS C PLEIMAN JR**
Street Address (P.O. Box Number is Not Acceptable) **9971 Baymeadows Rd Ste 308**
City **JACKSONVILLE** FL Zip Code **32256**

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

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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	SANTIPONE SOUVANNASOTH	
STREET ADDRESS	73 PONTE VEDRA COLONY circle	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400003480124--7	
STREET ADDRESS	-11/29/00--01076--007	
CITY-ST-ZIP	*****600.00 *****600.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400003480124--7	
STREET ADDRESS	-11/29/00--01076--008	
CITY-ST-ZIP	*****15.00 *****15.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 01, 00
Date Daytime Phone #

CR2E034 (9/99)

Pleiman & Company, P.A.
Certified Public Accountants

Thomas C. Pleiman, Jr., C.P.A.
Bettie K. Paylor, C.P.A.

9471 Baymeadows Road, Suite 308
Jacksonville, FL 32256-7936

Phone: (904) 448-5005
Fax: (904) 448-9354

August 10, 2000

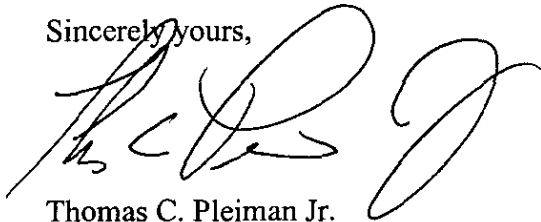
Dept. of State Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Ladies & Gentlemen:

Please find enclosed check number 6468 from Old Siam Restaurant, Inc. (P95000050905) for \$600.00 in payment of the annual fees for the years that have not been paid. (2000, 1999, 1998, and 1997) Mr. Souvannasoth has never received your annual statement and would like to request that all penalties be waved in their entirety in light of the problems with the mails that were beyond his control.

Please contact the undersigned at your earliest convenience concerning this matter.

Sincerely yours,



Thomas C. Pleiman Jr.