2002 Uniform Business Report (UBR)

Mar 14, 2002 8:00 am P95000059861 DOCUMENT # **Secretary of State** 1. Entity Name 03-14-2002 90056 037 ***150.00 DURANGO STEAKHOUSE OF LARGO, INC. Principal Place of Business Mailing Address 2325 ULMERTON ROAD. SUITE 20 2325 ULMERTON ROAD. SUITE 20 **CLEARWATER FL 34622 CLEARWATER FL 34622** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3327041 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORRIS, GREGORY D Street Address (P.O. Box Number is Not Acceptable) 2325 ULMERTON ROAD, SUITE 20 **CLEARWATER FL 34622** Zip Code 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. 773 20 2011 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE TITLE □ Delete BULLARD, FRED B JR NAME NAME 2325 ULMERTON ROAD, SUITE 20 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL** CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME BULLARD, KAROL K STREET ADDRESS STREET ADDRESS 2325 ULMERTON ROAD, SUITE 20 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34622** Change ☐ Addition Delete TITLE TITLE NAME MORRIS, GREGORY D STREET ADDRESS STREET ADDRESS 2325 ULMERTON ROAD, SUITE 20 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-576-6424 Daytime Phone #

FILED