## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000087072

1. Entity Name

BABALU RESTAURANT, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90286 031 \*\*\*150.00

2. Principal Place of Business  Suite, Apt. #. etc.		,		,						
Suria, Apt. #, etc.   Check Here IF MAKING CHANGES    City & State   City & State   City & State   4. FEI Number 59-3362286   Rock Applicable For Fix Applicable    Z/p   Country   Z/p   Country   5. Certificate of Status Desired   58.75 Additional Fee Required    6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    FRHOADES, NANCY B   Street Address (P.O. Box Number is Not Accoptable)    Street Address (P.O. Box Number is Not Accopt	•			9246 4TH STREET, NORTH				,		
Suria, Apt. #, etc.   Check Here IF MAKING CHANGES    City & State   City & State   City & State   4. FEI Number 59-3362286   Rock Applicable For Fix Applicable    Z/p   Country   Z/p   Country   5. Certificate of Status Desired   58.75 Additional Fee Required    6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent    FRHOADES, NANCY B   Street Address (P.O. Box Number is Not Accoptable)    Street Address (P.O. Box Number is Not Accopt										
City & State  Country  Country  Country  Country  S. Cardicate of Status Desired  Street Address of New Registered Agent  City  FL Zip Code  S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE  Granum, board or protec rams or registered agent and shift applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Fiorida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INLE  DIRECT MONES  STREET ADDRESS  STREET ADDRE	2. Principal Place of Business			3. Mailing Address				##		
Zip Country Zip Country 5. Certificate of Status Desired Status De	Suite, Apt. #, etc.		Súite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PHOADES, NANCY B 2525 PASADENA AVENUE, SOUTH ST. PETERSBURG FL 33707  City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered degent.  SIGNATURE  Fill ROWIT! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  FILE NAME	City & State		City & State			4.	FEI Number <b>59-3362286</b>	<del>-</del>		
RHOADES, NANCY B 2825 PASADENA AVENUE, SOUTH ST. PETERSBURG FI, 33707  City FL Zp Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florid	Zip	Country	Zip		Country	5.	Certificate of Status Desired			
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12. I hereby certify that the information supplied with this filling 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 empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICED OR DIRECTOR

4/2/03 727-574-1414 Date Daytime Phone \* R2E034 (10/02)