

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90118 037 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000094549			
1. Entity Name SUNSET KEY RESTAURANT CORPORATION.			
Principal Place of Business 1100 LINTON BOULEVARD, STE. C-9 DELRAY BEACH FL 33444		Mailing Address 1000 MARKET STREET BLDG 1 PORTSMOUTH NH 03802 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		4. FEI Number 65-1083336	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Applied For	
		Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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.			
SIGNATURE _____ (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, 2002 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WALSH, MARK	NAME	
STREET ADDRESS	1100 LINTON BOULEVARD, SUITE C-9	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WALSH, MARK	NAME	
STREET ADDRESS	1100 LINTON BOULEVARD, STE. C-9	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WALSH, WILLIAM	NAME	
STREET ADDRESS	1000 MARKET STREET BLDG 1	STREET ADDRESS	
CITY-ST-ZIP	PORTSMOUTH NH 03801	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCMURRAIN, THOMAS	NAME	
STREET ADDRESS	1100 LINTON BOULEVARD, STE. C-9	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CRITCHFIELD, RICHARD	NAME	
STREET ADDRESS	1100 LINTON BLVD, STE C-4	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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: <i>William Walsh</i>		DATE: <i>4/1/02</i> DAYTIME PHONE #: <i>(603) 559-2100</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CR2E034 (9/01)