


**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**  
05-09-2003 90156 047 \*\*\*150.00

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

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # P95000097167</b>   |   |    |   |
| 1. Entity Name<br><b>FIRST RESTAURANT, INC.</b>  |   |   |   |
| Principal Place of Business<br><b>5622 US HIGHWAY 19 N<br/>NEW PORT RICHEY FL 34652<br/>US</b>   |   | Mailing Address<br><b>5622 US HIGHWAY 19<br/>NEW PORT RICHEY FL 34652<br/>US</b>  |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |
| City & State   |   | City & State  |   |
| Zip  | Country   | Zip   | Country   |
| 4. FEI Number <b>59-3355162</b>  |   | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>DEMETRIADIS, JOHN<br/>4009 CARLYSLE LAKES BLVD<br/>PALM HARBOR FL 34685</b>  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  |   |   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>GUGUDI, DIMITRI<br/>324 COUNTRYSIDE KEY BLVD.<br/>OLDSMAR FL</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VS<br/>DEMETRIADIS, JOHN<br/>4009 CARLYSLE LAKES BLVD<br/>PALM HARBOR FL 34685</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. 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 10 or Block 11 if changed, or on an attachment with my address with all other like empowered. |   |   |   |
| SIGNATURE: <b>X</b> <b>SIGNATURE REQUIRED</b> <b>DIMITRI GUGUDI</b> <b>X</b>   |   | Date <b>4/24/03</b> Daytime Phone   |   |

10103652



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)