

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90126 006 ***150.00

DOCUMENT # P96000001862

1. Entity Name
BAYTOWNE RESTAURANT SITES, INC.



Principal Place of Business
% HOWARD GROUP
630 GRAND BLVD., STE. 100
DESTIN FL 32550

Mailing Address
% HOWARD GROUP
630 GRAND BLVD., STE. 100
DESTIN FL 32550



2. Principal Place of Business
185 Grand Blvd
Suite, Apt. #, etc.

3. Mailing Address
185 Grand Blvd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Destin, FL

City & State

Destin, FL

4. FEI Number **59-3372887**

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

KEITH, HOWARD J
630 GRAND BLVD
STE 100
DESTIN FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

185 Grand Blvd

City

Destin

FL

Zip Code

32550

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HOWARD, JAMES KEITH**
STREET ADDRESS **630 GRAND BLVD., SUITE 100**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☒ Change ☐ Addition
NAME **185 Grand Blvd**
STREET ADDRESS **Destin, FL**
CITY-ST-ZIP **32550**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Howard

4/14-03

(850) 837-1886

Date

Daytime Phone #

CR2E034 (10/02)