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Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000005480 P96000005480 DOCUMENT # 1. Entity Name FILED SECRETARY OF STATE FAMILY DOWNTOWN CAFE, INC. DIVISION OF CORPORATIONS 03 SEP -2 AM 8: 00 Principal Place of Business Mailing Address 3701 W GRACE ST 3701 W GRACE ST TAMPA FL 33607 TAMPA FL 33607 3. Mailing Address 2. Principal Place of Business W CYPRESS S 2322 Suite, Apt. #. etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3357176 Not Applicable Country Count \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent STEYEN GONZALEZ, STEVEN A 3701 W GRACE ST CYPRESS TAMPA FL 33607 3 8. The above named entity submits this statement for the puppic 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 Apert signature required when reinstating): FILE NOW!!! FEE IS \$1200 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete THIS Change GONZALEZ, STEVEN A NAME NAME 4924 BAY WAY STREET ADDRESS STREET ADORESS TAMPA FL 33629 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE GUGGINO, CAROL NAME NAME 3701 W. GRACE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33807 CITY-ST-ZIP Trn F • Delete TITLE_ NAMÉ NAME 09/10/03--01044--025 **50.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Oelete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 att other like empowered. SIGNATURE: _