2003 FOR PROFIT CORPORATION

Mailing Address

SARASOTA FL 34237

3. Mailing Address

City & State

Suite, Apt. #, etc.

2033 MAIN ST. SUITE 600

UNIFORM BUSINESS REPORT (UBR)

P96000029143 DOCUMENT

6. Name and Address of Current Registered Agent

1. Entity Name

Principal Place of Business

6727 SOUTH TAMIAMI TRAIL

2. Principal Place of Business

BARTLETT, CHARLES J

2033 MAIN ST, SUITE 600 SARASOTA FL 34237

the obligations of registered agent.

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

SARASOTA FL 34231

MANHATTAN BAR & GRILL, INC.



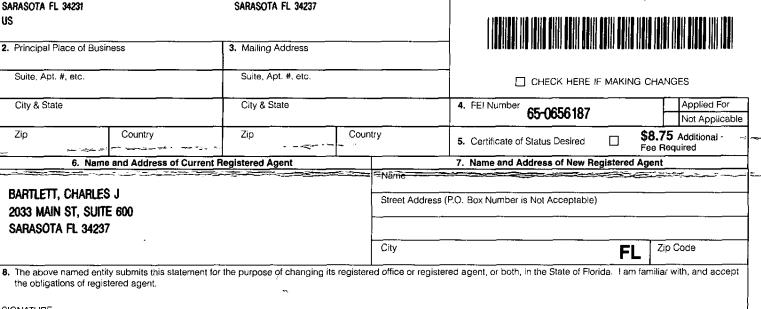
Country

City

FILED Jan 27, 2003 8:00 am **Secretary of State**

01-27-2003 90180 008 ***150.00

70014343



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 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. CR2E034 (10/02) Addition TITLE ☐ Delete DDE ☐ Change NAME PATRICK, STEPHANIE NAME STREET ADORESS 6727 SOUTH TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Delete ☐ Change TITI F ☐ Addition TITLE VD NAME NAME SULLIVAN, JAMES STREET ADDRESS STREET ADDRESS 6727 S TAMIAMI TRAIL CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Change ☐ Addition Delete. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: