FILED

2003 FOR PROFIT CORPORATION

Jun 04, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P96000052389 DOCUMENT # 06-04-2003 90093 010 ***550.00 1. Entity Name FIRST CITY CURTIN-CALLS INC. Principal Place of Business Mailing Address 121 KING STREET 121 KING STREET ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address Suite Apt # etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3397242 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GIGGLING GATOR PUB & GRUB** Street Address (P.O. Box Number is Not Acceptable) 121 KING STREET ST. AUGUSTINE FL 32084 City 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. ٠ 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 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. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CALL, HEATHER E NAME STREET ADDRESS 121 KING STREET STREET ADDRESS MINK, FL. 32 CITY-ST-ZIP ST. AUGUSTINE FL 32084 CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME NAME **CURTIN, DON** STREET ADDRESS STREET ADDRESS 121 KING STREET CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information radity for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information upplied with this filing does not or 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 of the reservor 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 attachra

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

NAME

TITLE

NAME

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