

4/21

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058892			
1. Entity Name CAMPONILE RESTAURANT GROUP, INC.			
Principal Place of Business 13499 U.S. 41 SOUTH FT. MYERS, FL 33907		Mailing Address 13499 U.S. 41 SOUTH FT. MYERS, FL 33907	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO BOX 7249	
City & State		City & State NAPLES	
Zip		Zip 34101	
Country		Country USA	
4. FEI Number 65-0885331		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent JOHNSON, TODD 2389 PINWOOD CIRCLE NAPLES, FL 34106	
7. Name and Address of New Registered Agent Name JIM HALL Street Address (P.O. Box Number is Not Acceptable) 2047 TRADE CENTER WAY PO BOX 11868 City NAPLES FL Zip Code 34101		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: <i>[Signature]</i> Date: 4-1-03	
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	
10. OFFICERS AND DIRECTORS TITLE D NAME HERNANDEZ, MICHAEL J STREET ADDRESS 2470 TREASURE LANE CITY-ST-ZIP NAPLES, FL 34102		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 2047 TRADE CENTER WAY NAME NAPLES FL 34109 STREET ADDRESS JIM L. HALL CITY-ST-ZIP 2047 TRADE CENTER NAME NAPLES FL 34109 WAY STREET ADDRESS Bettie B HALL 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)(1), 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 the 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 affidavit, without other the empowered.		SIGNATURE: <i>[Signature]</i> Date: 4-1-03 25945777	