2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

with all other like empowered

DOCUMENT # P96000063915 May 26, 2000 8:00 am Secretary of State 1. Entity Name GRILL ENTERPRISES, INC. 05-26-2000 90085 009 ***550.00 Principal Place of Business Mailing Address 1315 BRADDOCK RD P.O. BOX 4282 **ENTERPRISE FL 32725** ENTERPRISE FL 32725-0282 --2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEi Number Applied For City & State 59-3396027 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GRILL, VALERIE** Street Address (P.O. Box Number is Not Acceptable) 1315 BRADDOCK RD **ENTERPRISE FL 32725** 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME **GRILL, VALERIE** STREET ADDRESS STREET ADDRESS 1315 BRADDOCK RD CITY-ST-ZIP CITY-ST-ZIP ENTERPRISE FL 32725 ☐ Delete ☐ Change Addition TITLE NAME GRILL, THOMAS STREET ADDRESS STREET ADDRESS 1315 BRADDOCK RD CITY-ST-ZIP CITY-ST-ZIP ENTERPRISE FL 32725 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if