

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90042 016 \*\*\*150.00

**DOCUMENT # P96000082729**

1. Entity Name  
**J. MICHAEL'S DOCKSIDE BAR AND GRILL, INC.**

Principal Place of Business      Mailing Address  
**2715 REDWOOD ST**      **3901 THOMAS DR**  
**PANAMA CITY BEACH FL 32408**      **PANAMA CITY BEACH FL 32408-7303**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**3901 THOMAS DR.**      **5012 GULF DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**APT-#1**

City & State      City & State  
**PANAMA CITY BEACH FL**      **PANAMA CITY BEACH FL**

Zip      Country      Zip      Country  
**32408**      **FL**      **32408**      **FL**

4. FEI Number      Applied For  
**59-3424112**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**STEWART, J M**  
**3901 THOMAS DR**  
**PANAMA CITY BEACH FL 32408**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 *J. Michael Stewart*      DATE **4-11-00**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>STEWART, J M</b>
STREET ADDRESS	<b>2715-A REDWOOD ST.</b>
CITY-ST-ZIP	<b>PANAMA CITY BEACH FL 32408</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>STEWART, J. M.</b>
STREET ADDRESS	<b>5012 GULF DRIVE APT-1</b>
CITY-ST-ZIP	<b>PANAMA CITY BEACH FL 32408</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Michael Stewart*      DATE: **4-11-00**      DAYTIME PHONE #: **850 233-2055**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

STAT 101

CR2E034 (9/99)