

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103040

1. Entity Name

ANGUS RESTAURANT & BAR, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90014 024 ***150.00

Principal Place of Business

Mailing Address

4209 TAMiami TRAIL EAST
 NAPLES FL 34112

see below

4209 TAMiami TRAIL EAST
 NAPLES FL 34112-6717

2. Principal Place of Business

14420 S. Tamiami Tr

3. Mailing Address

14420 S Tamiami Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Myers FL

City & State

Ft Myers FL

Zip 33912

Country USA

Zip 33912

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3421483

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RANKIN, DOUGLAS L
 2335 TAMiami TRAIL NO. 308
 NAPLES FL 34103

7. Name and Address of New Registered Agent

Name Karen Elsaied
 Street Address (P.O. Box Number is Not Acceptable)
350 Livingston Rd S
 City Naples FL Zip Code 34109

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 K. Elsaied, President
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE 4/25/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D RODRIGUES, EVELYN	830 MARBLEHEAD DRIVE	NAPLES FL 34104	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Director	Karen Elsaied	350 Livingston Rd S	Naples FL 34109	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: K. Elsaied, Karen Elsaied
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/25/00
 941 489 481 9998

CR2E034 (9/99)