## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 18, 2003 8:00 am Secretary of State

DO NOT WRITE IN THIS SPACE  2. Pyractor Place of Pusyless 190   790 4 h   75	DOCUMENT # P9700033638  1. Entity Name Buffalo Restaurant Inc.				04-18-2003 90186 015 ***150.00	
Suite, Apr. 4, etc.  Suite, Ap	I	DO NOT WRITE	IN THIS S	PACE		
Second   S	1901 South US 1 1601 Laurel Leaf Ln				DO NOT WRITE IN THIS SPACE	
Second   S	City & State	t Pierce, FL	City & State Pierce	e FL		<del></del>
Name and Address of Current Registered Agent	Zip 3 40	350 Country		T		\$8.75 Additional
DO-NOT-WRITE IN THIS SPACE  City FL Zio 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Department			, , , , , ,		7. Name and Address of Current Registered	
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8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature  Signature  January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Annehold URs is \$61.25  Make Check Payable to Florida Department of State  10.	i de la companya de				(P.O. Box Number is Not Acceptable)	
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature	IN THIS SPACE					
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After May 1, Fee is \$550.00 May Be Added to Fees  Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registered Agent signature requir	ed when renstating) DATE	
Make Check Payable to Florida Department of State  10.					9. Election Campaign Financing	_ \$5.00 May Be
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12. 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 correction or the receiver of trustee employment to execute this report as required by Chapter 607. Florida Statutes, and that my correction or the receiver of trustee employment to execute this report as required by Chapter 607. Florida Statutes, and that my correction or the receiver of trustee employment to execute this report as required by Chapter 607. Florida Statutes, and that my correction or the receiver of trustee employment to execute this report as trusteed in Section 119.07(3)(i). Florida Statutes. I further certify that I am an officer or director		partify that the information cumuliad with the	rie filing does not qualify fo		Section 119 07/3Vi) Florida Statutos Lifuthor con	tify that the information