

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90277 027 ***150.00

DOCUMENT # P97000105362

1. Entity Name
ON THE CORNER SEAFOOD GRILL, INC.



Principal Place of Business
**801 WEST MONTROSE STREET
CLERMONT FL 34711**

Mailing Address
**801 WEST MONTROSE STREET
CLERMONT FL 34711**

2. Principal Place of Business

3. Mailing Address
1069 Lakeshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Clermont, FL 34711

4. FEI Number
59-3482656

Applied For
Not Applicable

Zip

Country

Zip

Country

34711

USA

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POOL, ALAN J
801 WEST MONTROSE STREET
CLERMONT FL 34711**

Name

Street Address (P.O. Box Number is Not Acceptable)
1069 Lakeshore Drive

City
Clermont

FL

Zip Code
34711

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

TITLE **PV** ☐ Delete
NAME **POOL, ALAN J**
STREET ADDRESS **801 WEST MONTROSE STREET**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1069 Lakeshore Drive**
CITY-ST-ZIP **Clermont, FL 34711**

TITLE **TS** ☐ Delete
NAME **POOL, MARTHA K**
STREET ADDRESS **801 WEST MONTROSE STREET**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1069 Lakeshore Drive**
CITY-ST-ZIP **Clermont, FL 34711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-07-03

Date

Daytime Phone #

CR2E034 (10/02)