

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000087994**

1. Entity Name

DURANGO STEAKHOUSE OF VENICE, INC.



**FILED  
Apr 16, 2003 8:00 am  
Secretary of State**

04-16-2003 90224 043 \*\*\*150.00

Principal Place of Business

200 CENTRAL AVE STE 2300  
ST PETERSBURG FL 33701

Mailing Address

200 CENTRAL AVE STE 2300  
ST PETERSBURG FL 33701

2. Principal Place of Business

2325 ULMERTON RD., Ste. 20

3. Mailing Address

2325 ULMERTON RD., Ste. 20

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, Florida

City & State

Clearwater, Florida

Zip

33762

Country

Pinellas

Zip

33762

Country

Pinellas

4. FEI Number

**59-3537903**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MORRIS, GREGORY D  
2325 ULMERTON RD  
SUITE 20  
CLEARWATER FL 33762

**7. Name and Address of New Registered Agent**

Name  
**CFRA, LLC**

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

**777 South Harbour Island Boulevard, 5th Floor**

City  
**Tampa**

FL Zip Code  
**33602-5730**

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

*Joel B. Giles*

April 9, 2003

DATE

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

(NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BULLARD, FRED B JR 2325 ULMERTON ROAD STE 20 CLEARWATER FL 33762	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BULLARD, KAROL K 2325 ULMERTON ROAD STE 20 CLEARWATER FL 33762	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> MORRIS, GREGORY D 2325 ULMERTON RD STE 20 CLEARWATER FL 33762	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*

Fred B. Bullard, Jr.,

April 14, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

Date

Daytime Phone #