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

### DOCUMENT #

Principal Place of Business

ST AUGUSTINE FL 32084

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

2. Principal Place of Business

P98000107137

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

44 AVENIDA MENDENDEZ

ST AUGUSTINE FL 32084

1. Entity Name

70 HYPOLITA ST.

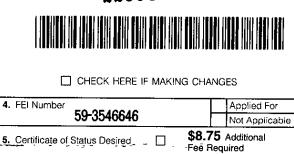
SCARLETT'S RESTAURANT, INC.



# **FILED** Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90040 002 \*\*\*150.00

22004549



DATE

ARBIZZANI, L. JOHN 44 AVENIDA MENENDEZ ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent				
Name				
Street Address (P.O. Box Numb	er is Not Acceptab	le)		
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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/02) Change ☐ Addition NAME ARBIZZANI, L JOHN NAME STREET ADDRESS STREET ADDRESS 44 AVENIDA MENDENDEZ CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL 32084 TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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