## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P9900000045

1. Entity Name

MARY'S PIX SEA RESTAURANT, INC.



**FILED** May 02, 2003 8:00 am Secretary of State

05-02-2003 90263 040 \*\*\*150.00

2. Principal Place of Blusness Solite, Apt 4, etc.  Solite, Apt 4, etc.  City & State  Name and Address of Current Registered Agent  Name  Steer Address (P.C. Box Name) or I Not Acceptable (P.C. Box N	6800 PLACIDA RD. ENGLEWOOD FL 34224		Mailing Address 6800 PLACIDA RD. ENGLEWOOD FL 34224						•
City & State  Country  Country  Country  Country  Country  Size Country	2. Principal Place of Business		3. Mailing Address			t deeligest sin ibide bedat bedat eerst eerst eerst eerst e	HAN <b>at</b> in <b>ba</b> nd	i <b>dise</b> l sili 1881	
Zip Country Zip Country Sip Country Sip Country Sip Country Sip Country Sip Seated Status Desired Special Status Desired Status Desired Special Spec	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			-CHANGE:	8	÷
Country   Cip   Country   Cip   Country   S. Conflictator of Status Desired   S9.755 Additional Pos ProEquited   Pos ProEqu	City & State		City & State			4. FEI Number 65-0879568		<del></del>	7
GEIER, MARY 6800 PLACIDA RD. ENGLEWOOD FL 34224  City FL City FL Zip Code  City FL Z	Zip	Country	Zip	Country	:		\$8.75 A	dditional	1
GEIER, MARY 6800 PLACIDA RD. ENGLEWOOD FL 34224  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    City   FL   Zip Code		6. Name and Address of Curre	ent Registered Agent		7	7. Name and Address of New Registered A	lgent		7
Signature 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. 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 Place in th	CEIED M	A DV		Name		•			1
ENGLEWOOD FL 34224    City   FL   Zip Code		· ·		Street Addres		(P.O. Box Number is Not Acceptable)			
City   FL   Zip Code				<del></del>					1
8. 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   Signatur	LNGLLING	JOD 1 E 04224					T= -		4
SIGNATURE    Signature Spend or protect name of registered agent and 56% a opticable. (NOTE: Registered Agent signature required when nemotating)   DATE		·		City		FL FL	Zip Co	ode	
Signature, yeard or printed name of largesteed agent autorities is application. (NOTE Registered Agent stignature received where investment in provided in the provided in t			t for the purpose of changing its	registered office or	registered	agent, or both, in the State of Florida. I am f	amiliar with	n, and accept	].
After May 1, 2003 Fee will be \$550.00   Nake Check Psychole to Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.    ITILE   P   GEIER, MARY   GEIR   GEIR	SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable, (NOTI	E: Registered Agent signatu	re required wh	en reinstating) DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET	Afte	r May 1, 2003 Fee will be \$550.0	00						
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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 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: