## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P99000018723 1. Entity Name STEAK & STUFF OF OCALA, INC. 03-15-2000 90076 016 \*\*\*150.00 Mailing Address Principal Place of Business 251 NORTHWEST 133RD COURT 251 NORTHWEST 133RD COURT OCALA FL 34482 OCALA FL 34482-7063 **LUUJIU**UJ Principal Place of Busines 3. Mailing Address same 3753 E Silver Sormus Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Citý & State 4. FEI Number Applied For 59-35103101 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired SAMO TARION Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OBSON CORTEZ, TONY A (P.O. Box Number is Not Acc CAN 251 NORTHWEST 133RD COURT OCALA FL 34482 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 ed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete Secty/Tyeas. Change TITLE CORTEZ, TONY A NAME NAME STREET ADDRESS 251 NORTHWEST 133RD COURT STREET ADDRESS CITY-ST-ZIP OCALA FL 34482 CITY-ST-ZIP Addition ☐ Delete TITLE President/Director ☐ Change TITLE NAME hu Robson NAME PECAN CSE. TRK. STREET ADDRESS STREET ADDRESS CITY-ST-71P OCALA, FI. 34472 CITY-ST-ZIP TITLE Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ACCURESS CITY-ST-7IP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_s

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

John Tony A Coxter

☐ Delete

3-10-00 35:

352-402.9950

Change

Addition

Daytime Phone 4

CR2F034 (9/99).