2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 04, 2001 08:00 AM
Secretary of State

DOCUMENT # **P99000068840**

1. Entity Name
PREMIER RESTAURANT SUPPLIES, INC.

Principal Place of Business	Mailing Address
3742 PARTRIDGE AVE. N. PORT FL 34286	3742 PARTRIDGE AVE. N. PORT FL 34286

2. Principal Place of Business	3. Mailing Address
5555 HENNESSY STREET	5555 HENNESSY STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH PORT FL	City & State: NORTH PORT FL
Zip: 34286 / Country:	Zip: 34286 / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3593533** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERSSE JOHN W
1800 2ND ST., STE. 715
SARASOTA FL
34236 US

7. Name and Address of New Registered Agent

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

SIGNATURE ______________________ 01/04/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	GRIFFIN CHRIS		NAME	GRIFFIN CHRIS	
STREET ADDRESS	3742 PARTRIDGE AVE		STREET ADDRESS	5555 HENNESSY STREET	
CITY-ST-ZIP	NORTH PORT FL 34286		CITY-ST-ZIP	NORTH PORT FL 34286	
TITLE	PVST	☐ Delete	TITLE	PVST	☒ Change ☐ Addition
NAME	GRIFFIN CHRIS		NAME	GRIFFIN CHRIS	
STREET ADDRESS	3742 PARTRIDGE AVE.		STREET ADDRESS	5555 HENNESSY STREET	
CITY-ST-ZIP	N. PORT FL 34286		CITY-ST-ZIP	NORTH PORT FL 34286	
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-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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.

SIGNATURE: Chris Griffin PVST 01/04/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #