

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

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90012 009 ***150.00

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CR2E034B (12/01)

DOCUMENT # P99000088954 ✓
1. Entity Name
Sunstate Restaurant Management #10 Inc.

2. Principal Place of Business
1777 St. Pauls Drive
Suite, Apt. #, etc.
City & State
Clearwater, FL
Zip 33764 **Country** US

3. Mailing Address
1777 St. Pauls Drive
Suite, Apt. #, etc.
City & State
Clearwater, FL
Zip 33764 **Country** US

4. FEI Number
59-3601753
Applied For
☐ **Not Applicable**

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

7. Name and Address of Current Registered Agent

Name Joy, Ronald Craig
Street Address (P.O. Box Number is Not Acceptable)
1777 St. Pauls Drive
City Clearwater **FL** **Zip Code** 33764

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 X [Signature] Joy, Ronald Craig
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when registering) **DATE**

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE		TITLE	
NAME	Joy, Ronald Craig	NAME	
STREET ADDRESS	1777 St. Pauls Drive	STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33764	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [Signature] Joy, Ronald Craig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**