2001 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business 1520 ROOSEVET BLVD STE 112 CLEARWATER PL 33760 2. Principal Place of Business Suite, Act. #, etc. 2. Principal Place of Business Suite, Act. #, etc. 3. Mailing Address Suite, Act. #, etc. 2. Principal Place of Business Suite, Act. #, etc. 3. Mailing Address Suite, Act. #, etc. 3. Mailing Address Suite, Act. #, etc. 4. FEI Number 59-3038806 Applied For Inkin Applied For	DOCUMENT # S12274 1. Entity Name TUCSON RESTAURANT, INC.													
Site 1/2 CLEARWATER R. 33760 US Suite. Apt. #, etc.	100301	N NESTAUNANI,	IIVO.	3				01 MAY 21 PM 1: 37						
Suite. Apt. #, etc. City & State City & St	15201 ROOSEVELT BLVD 15201 ROOSEVELT BLV STE 112 STE 112 CLEARWATER FL 33760 CLEARWATER FL 33760													
City & State Country Country Country S. Certificatio of Status Desired \$. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City	2. Principal I	Place of Business		3. Mailing Address										
Not Applicable Section	Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
8. Name and Address of Current Registered Agent RUBIN, LESUE A 15201 ROOSEVELT BLVD STE 112 CLEARWATER FL 33760 8. The above ramed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above ramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above ramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above ramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above ramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. Signature styled or brind name of ingulated agent and the it applicable. 9. This corporation is eligible to satisfy its Intangible Tax Mining requirement and elects to do so. (See orteria or back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME RUBIN, LESUE A STREET ADDRESS CITY-ST-2P 10. Bection Campaign Financing Added to Fees Added to Fees TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST	City & State			<u> </u>				4. FEI Numbe	³ 59-30398	06				
RUBIN, LESUE A 15201 ROOSEVELT BLVD STE 112 CLEARWATER FL 33760 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 SUBMATURE 9. This corporation is eligible to satisfy its Inlangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRET ADDRESS CITY-ST-2P CLEARWATER FL 33760 Deldes TITLE NAME SIRET ADDRESS CITY-ST-2P	Zip				Coun	try					Fee Requir			
Size I Address (P.O. Box Number is Not Acceptable) STE 112 CLEARWATER FL 33760 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 Signature 9. This corporation is eligible to satisfy its intangible Tax illing requirement and elects to do so. See orderia on back) 10. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP MAISANO, SAM B JR STREET ADDRESS CITY-ST-2P TITLE MAKE MAKE MAKE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADRESS CIT			iress of Current F	Registered Agent		Name		7. Name and	Address of New	Registere	d Agent		1	
B. 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 Signature, typed or britted name of registered agent and the all applicators. (NOTE Registered Agent signature required when reministry) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME RUBBIN, LESUE A RUBBIN, LESUE A STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P	15201 ROOSEVELT BLVD STE 112					400004425394-							12	
SIGNATURE Superative typed or brinded name of registered agent and title if applicable. DATE			·			City							.00	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. See criteria on back) STREET ADDRESS (See criteria on back) STREET ADDRESS (CITY-ST-ZIP) STREET ADDRESS (CI	8. The above	e named entity submits	this statement for	the purpose of changing its	registere	ed office or	r registered	agent, or bot	h, in the State of	Florida.				
Tax filling requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Addition Add	SIGNATURE	Signature, typed or printed na	ame of registered agent er	nd title if applicable. (NOT	E: Registere	d Agent signati	ure required wh	en reinstating)		DATE	· 	LS		
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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 ceth; that I am an officer or director of the corporation or the receiver or trustee empowerEp/lo 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 the Lingsempowered.														
SIGNATURE: SAM Maisans 4-17-01 727-530-0637														