

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90490 034 ***150.00

DOCUMENT # H77974

1. Entity Name
FAMILY STEAK HOUSES OF FLORIDA, INC.



Principal Place of Business
% EDWARD B ALEXANDER
2113 FLORIDA BLVD., SUITE A
NEPTUNE BEACH FL 32266

Mailing Address
2113 FLORIDA BLVD.
NEPTUNE BEACH FL 32236
US

10000001



CHECK HERE IF MAKING CHANGES.

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2597349**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEXANDER, EDWARD B
2113 FLORIDA BOUVELARD
NEPTUNE BEACH FL 32266

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ed Alexander*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VCFO	<input type="checkbox"/> Delete
NAME	ALEXANDER, EDWARD B.	
STREET ADDRESS	2113 FLORIDA BLVD. #A	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARRETT, WILLIAM A	
STREET ADDRESS	2113 FLORIDA BLVD	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	COB	<input type="checkbox"/> Delete
NAME	CEILEY, GLEN F	
STREET ADDRESS	2113 FLORIDA BLVD	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ed Alexander* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date Daytime Phone #

CR2E034 (10/02)