

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 386047	
1. Entity Name BIG DADDY'S LOUNGES, INC.	

FILED

03 MAR 10 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 5059 N.E. 18TH AVE FT. LAUDERDALE FL 33334	Mailing Address 5059 N.E. 18TH AVE FT. LAUDERDALE FL 33334
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KASTNER, JEFFREY D
2841 CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33349

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 _____
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

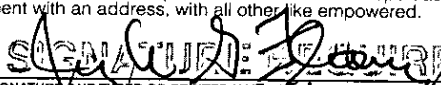
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CDP	☐ Delete
NAME	FLANIGAN, JOSEPH G	
STREET ADDRESS	2841 CYPRESS CREEK RD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VD	☐ Delete
NAME	PATTON, WILLIAM	
STREET ADDRESS	2841 CYPRESS CREEK RD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	T	☐ Delete
NAME	DOXEY, EDWARD A	
STREET ADDRESS	5059 N.E. 18TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	5059 N E 18th Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33334	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	5059 N E 18th Avenue	
CITY-ST-ZIP	Fort Lauderdale, FL 33334	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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03/11/03--01022--016 **4725.00

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:  **CEO & Chairman** 3/3/03 954-377-1961
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)