

2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 330012

1. Entity Name

LOS PANCHO'S RESTAURANT, INC.

Principal Place of Business

110 AMBER JACK ST
FORT WALTON BEACH FL 32548

Mailing Address

110 AMBERJACK DR
FT. WALTON BEACH FL 32548

2. Principal Place of Business

110 AMBERJACK ST
Suite, Apt. #, etc.
FT. WALTON

3. Mailing Address

110 AMBERJACK
Suite, Apt. #, etc.

City & State

City & State

City & State

FT. WALTON

Zip

32548

Country

OKLAHOMA

Zip

32548

Country

OKLAHOMA

6. Name and Address of Current Registered Agent

GONZALES, JIM G
110 AMBERJACK DR
FT. WALTON BEACH FL 32548

4. FEI Number

59-1222550

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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

Jim G. Gonzales

JIM G. GONZALES

1-13-2001

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GONZALES, JIM G	
STREET ADDRESS	110 AMBERJACK DR	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GONZALES, MICKIE L	
STREET ADDRESS	110 AMBERJACK DR	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jim G. Gonzales

JIM G. GONZALES

1-13-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90069 012 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)