

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

0006276 AV

DOCUMENT # 484281

LA

1. Entity Name
CAPT. DAVE'S RESTAURANT, INC.

09-17-2001 90005 048 ***150.00

Principal Place of Business
459 CALHOUN AVE
DESTIN FL 32541

Mailing Address
459 CALHOUN AVE
DESTIN FL 32541
US



2. Principal Place of Business
314 HWY 98
459 CALHOUN AVE
 Suite, Apt. #, etc.

3. Mailing Address
459 CALHOUN AVE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DESTIN - FL.

City & State
DESTIN FL.

Zip
32541

Country
OKLAHOMA

Zip
32541

Country
OKLAHOMA

4. FEI Number **59-1672630**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARLER, DAVID GRANT JR
459 CALHOUN AVE.
DESTIN FL 32541

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DP MARLER, DAVID GRANT 459 CALHOUN AVE DESTIN FL 32541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARLER, GREGORY MARK 423 FLESHMAN DRIVE DESTIN FL 32541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David Grant Marler 9-12-01 1-850 837-6014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment
Closing or Sale of Business or Change of Legal Entity

978904
 # 484281

The legal entity changed on ___/___/___ . If you change your legal entity and are continuing to do business in Florida, you must complete a new Application to Collect and/or Report Tax in Florida (Form DR-1).

The business was closed permanently on 04/30/01 . (The Department will cancel your sales tax certificate number as of this date.)
 Are you a corporation/partnership required to file corporate income tax or corporate intangible tax returns? Yes No

Sales and Use Tax Certificate Number FEIN

The business will close/was closed temporarily on ___/___/___ . I plan to reopen on ___/___/___ .
NOTE: Each time you temporarily open or close your business you MUST notify the Department; your account will be reopened as a monthly filer.

Forwarding Address: _____
 City: _____ State: _____ ZIP: _____

The business was sold on ___/___/___ . The new owner information is:
 Name of New Owner: _____ Telephone Number of New Owner: (_____) _____
 Mailing Address of New Owner: _____
 City: _____ County: _____ State: _____ ZIP: _____

► Signature of Taxpayer (Required) _____ Date _____ Telephone Number (_____) _____

Business Name _____
New Business Name _____
Address _____
Mailing Address _____
 City _____ State _____ ZIP _____
 Business Telephone (_____) _____ County _____
 In Care of _____
 City _____ State _____ ZIP _____
 Business Telephone (_____) _____ County _____
 City _____ State _____ ZIP _____
Business Location _____
 City _____ State _____ ZIP _____
 SSN of Owner
 SSN Spouse
 PTIN of Entity

Signature of Taxpayer (Required) _____
 Date _____

CERTIFICATE NO. 56-00-024810-59-0
 NEW FLORIDA GIRL
 CAPTAIN DAVE'S RESTAURANT INC
 PO BOX 386
 FORT WALTON BEACH FL 32549-0386

Change of Address or Business Name
 Complete this form, sign it, and mail it with your DR-15 if:
 • the address below is not correct • the business location changes
 • the business name changes within the same county
 If you move your business location to another county or you have a change of legal entity, you must complete a new Application to Collect and/or Report Tax in Florida (DR-1). To obtain this form, see Resources (DR-15 Instructions), contact your local Department of Revenue Service Center, or call Taxpayer Services (see outside back cover). If you are closing or selling your business or have a change in legal entity, complete form on the reverse side.

Attachment
To Whom this may concern;

9-12-01 978904
DAVID G MARLER
459 CALHOUN AVE. #48281
DESTIN, FL 32541
PH# 1-850-837-6014

As of Sept 11th we are considering going into Bankruptcy. We were unaware of the fact, that we needed to stay in our Corporation because of the closing of our business on 4-30-01. After talking to our atty; he informed us to stay in & keep our Corporation Active. On sept. 11-2001 that was the date we talked to our lawyer, we would like to send our payments in for Capt Duce's Rest. Inc & CAPDUCO for the normal fee of \$150.00 EA. We ask in consideration of these facts that you help us in this matter by omitting the late penalties on this PAY, as we have never been late before and we have no income coming in from these Corporations we lost the restaurant in a hurricane named opal in 1995.

Thanking you

CAPT. Duce G Marler