

2001 UNIFORM BUSINESS REPORT (UBR)

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

09-17-2001 90005 048 ***150.00

0006276 AV

DOCUMENT # 484281

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

LA

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
 Zip
32541
 Country
OKLAHOMA

City & State
DESTIN FL
 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 _____ (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 \$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
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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-01 1:55 837-6014
 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 56-00-024810-59-0 FEIN 59-1672630

☐ 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 (____) _____

Signature of Taxpayer (Required) _____
Date _____

New
Business
Name

New
Address

New
Location

Or

PTN of Entity

Owners Telephone (____) _____ County _____

City _____ State _____ ZIP _____

Mailing Address _____

In Care of _____

Business Telephone (____) _____ County _____

City _____ State _____ ZIP _____

Business Location _____

SSN Spouse _____

SSN Owner _____

PTN of Entity _____

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

Complete this form, sign it, and mail it with your DR-15 if:
• the business name changes
• the address below is not correct
• the business location changes
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.

Change of Address or Business Name

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 Dave's Rest. Inc & CAPDAVCO 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. Dave G Marler