

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90103 020 ***150.00

DOCUMENT # 506184

1. Entity Name

LA COTE BASQUE WINEHOUSE, INC.



Principal Place of Business
3104 BEACH BLVD. SOUTH
GULFPORT FL 33707-6028
US

Mailing Address
3104 BEACH BLVD. SOUTH
GULFPORT FL 33707
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1678297**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FROHNE, THERESA
3104 BEACH BLVD. SOUTH
GULFPORT FL 33707

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PDS FROHNE, THERESA 3104 BEACH BLVD S. GULFPORT, FL 00000	<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
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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

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:

ADAM W. WIRETAP CPA 8-19-03 662 251 7682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0099482 AV

CR2E034 (4/03)

ATTACHMENT
#506184
86140180

8-19-03

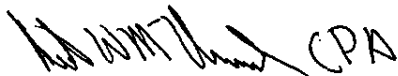
Robert W McClanahan CPA
PO Box 413
Columbus, MS 39703-0413
662.251.7682
Email: RMcClanahanCPA@aol.com

Division Of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: 2003 UBR/La Cote Basque Winehouse, Inc.
Document # 506184/FEI# 59-1678297

Dear Division Of Corporations:

Please find the enclosed 2003 UBR and a check in the amount of \$150.00. I am seeking relief from the assessed penalty for late filing in accordance with the Division's Prerecorded telephone message. This is the 2nd out of three years that my client has not received the original mailing. I do not understand the problem, but this is not the first time as I have mentioned. Please accept the return as timely filed. I am thanking you in advance and I remain sincerely yours.

 CPA

Robert W McClanahan CPA