

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90055 003 \*\*\*150.00

**DOCUMENT # 591137**

1. Entity Name  
**THE PEWTER MUG, INC.**

Principal Place of Business  
**12300 NORTH TAMiami TRAIL**  
**NAPLES FL 34110**  
**US**

Mailing Address  
**12300 NO TAMiami TR**  
**NAPLES FL 34110**  
**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 **59-1276753**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KEYSER, A. JAMES**  
**12300 NORTH TAMiami TRAIL**  
**NAPLES FL 34110**

7. Name and Address of New Registered Agent

Name **Arthur R Theriault**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5925 12th Ave N.W**  
 City **NAPLES** FL Zip Code **34109**

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 **Arthur R. Theriault Pres.**

Signature, typed or printed name of registered agent and title if applicable.

*Chris Quintana*

(NOTE: Registered Agent signature required when reinstating)

**01/23/2001**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KEYSER, A JAMES</b>	
STREET ADDRESS	<b>12300 N TAMiami TRAIL</b>	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KEYSER, F ALLEN</b>	
STREET ADDRESS	<b>180 FLAME VINE DRIVE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DURIAN, DENNIS H.</b>	
STREET ADDRESS	<b>1250 DIAMA AVE</b>	
CITY-ST-ZIP	<b>NAPLES FL 33940</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>THERIAULT, ARTHUR R.</b>	
STREET ADDRESS	<b>5925-12TH AVE N.W.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Arthur R. Theriault</b>	
STREET ADDRESS	<b>5925 12th Ave N.W</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34109</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Stephen A. Poklenba</b>	
STREET ADDRESS	<b>59 BAYVIEW RD</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34108</b>	
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: *Stephen A. Poklenba* (**Stephen A. Poklenba**) **V.P**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/2001** **941-597-3017**

Date

Daytime Phone #

CR2E034 (10/00)