

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90060 012 ***150.00

DOCUMENT # G24055

1. Entity Name
GABBY'S GOODTIME TAVERN, INC.



Principal Place of Business
**5304 66TH STREET, NORTH
ST. PETERSBURG FL 33709**

Mailing Address
**5304 66TH STREET, NORTH
ST. PETERSBURG FL 33709**

2. Principal Place of Business

3. Mailing Address

6515-40TH AVE. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
St. Petersburg, FL

4. FEI Number **59-2293809**

Applied For
Not Applicable

Zip

Country

Zip

Country

33709

USA

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

**HENAU, LOIS A.
5304 66TH STREET, NORTH
ST. PETERSBURG FL 33709**

Name

Street Address (P.O. Box Number is Not Acceptable)

6515-40TH AVE. N.

City

St. Petersburg

FL

Zip Code

33709

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

Lois A. Henau **1/19/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing: ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSD**
STREET ADDRESS **HENAU, LOIS A.**
CITY-ST-ZIP **6515 40TH AVENUE NORTH
ST PETERSBURG FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

Lois A. Henau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)