

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0366288 AV

DOCUMENT # H43206

1. Entity Name
DUFFY'S DRAFT HOUSE, INC.

03-20-2002 90232 043 ***150.00

Principal Place of Business

Mailing Address

**9477 ALT AIA
 LAKE PARK FL 33410
 US**

~~610 DUFFY'S INVESTMENTS~~
~~2330 COUNTRY OAKS LANE~~
~~PALM BEACH GARDENS FL 33410~~
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

521 NORTHLAKE BLVD

3 + 4

NORTH PALM BCH, FL

33408

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2508448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOYLE, FLANIGAN, KATZ, RAYMOND & SHEEHAN
 WILTON L. WHITE, ESQ
 625 NO. FLAGLER DRIVE, 9TH FLOOR
 WEST PALM BEACH FL 33401**

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

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

(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 \$150.00
 After May 1, 2002 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **COURNOYER, STEVE**
 CITY-ST-ZIP **2330 COUNTRY OAKS LANE**
PALM BEACH GARDENS FL 33410

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **521 NORTH BLVD**
 CITY-ST-ZIP **NORTH PALM BCH, FL 33408**

TITLE ☐ Delete
 NAME **DVPT**
 STREET ADDRESS **EMMETT, PAUL**
 CITY-ST-ZIP **2300 COUNTRY OAKS LANE**
PALM BEACH GARDENS FL 33410

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **521 NORTHLAKE BLVD**
 CITY-ST-ZIP **NORTH PALM BCH, FL 33408**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL EMMETT

Date

Daytime Phone #

2/25/02

845-9690

CR2E034 (9/01)