

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

*Patricia*

0057574 AV

DOCUMENT # J15147

1. Entity Name  
RUBEN'S SALOON, EATERY & PACKAGE, INC.



FILED

03 JUN 26 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
% RUBEN GONZALES  
2100 DOG TRACK ROAD  
PENSACOLA FL 32506

Mailing Address  
% RUBEN GONZALES  
2100 DOG TRACK ROAD  
PENSACOLA FL 32506

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 59-2728094

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

GONZALES, RUBEN  
2100 DOG TRACK ROAD  
PENSACOLA FL 32506

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 \$150.00

After May 1, 2003: Fee will be \$550.00

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 DP  
STREET ADDRESS GONZALES, RUBEN  
CITY-ST-ZIP 2100 DOG TRACK RD.  
PENSACOLA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

000021464700  
07/10/03--01064--008 \*\*150.00

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: Ruben Gonzales

4/29/03

850 456 9182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.U.C.

Daytime Phone

CR2E034 (10/02)

*Psych*

June 18, 2003

To Whom It May Concern:

Enclosed are copies of our UBR forms and new checks to replace checks that were written for each of these corporations on April 29, 2003. The original forms and checks were mailed on April 29, 2003. (check numbers 30162/ 10828) We have always mailed these fees before the May 1<sup>st</sup> deadline; please waive the late fee. I have called the banks and neither check has cleared. If you have any questions please contact me at 850-324-1915. Thank you in advance.

Sincerely,

*Diana Stull*

Diana Stull