

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90447 043 ***150.00

DOCUMENT # J38705
1. Entity Name
THE BRASS MONKEY LOUNGE, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2668 TINOSA CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
2668 TINOSA CIRCLE
Suite, Apt. #, etc.

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

Zip
32526

Country
Escambia

Zip
32526

Country
Escambia

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2738621

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Murphy, Jimmie

Street Address (P.O. Box Number is Not Acceptable)
2668 Tinosa Circle

City
Pensacola

State
FL

Zip Code
32526

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 Jimmie Murphy DATE 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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		TITLE	NAME
TITLE		DP	Murphy, Jimmie
NAME			
STREET ADDRESS			2668 Tinosa Circle
CITY-ST-ZIP			Pensacola, FL 32526
TITLE		D	Murphy, Sheila R.
NAME			
STREET ADDRESS			2668 Tinosa Circle
CITY-ST-ZIP			Pensacola, FL 32526
TITLE			DO NOT WRITE IN THIS SPACE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE Jimmie Murphy Date 4/29/02 Daytime Phone # 850-944-2935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR