

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90133 003 ***550.00

0098325 AV

DOCUMENT # J50168

1. Entity Name
TALLY HO LOUNGE, INC.



Principal Place of Business
**7402 N 56 ST
#902
TAMPA FL 33617
US**

Mailing Address
**C/O ALBERT L. SUMMERTON
10215 4TH ST E.
TREASURE ISLAND FL 33706-3111
US**



2. Principal Place of Business

10215 4th St. East

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Treasure Island FL

City & State

Same

4. FEI Number **59-2711458**

Applied For

Not Applicable

Zip

33706

Country

Pinellas

Zip

Same

Country

Same

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUMMERTON, ALBERT L.
10215 4TH ST E.
TREASURE ISLAND FL 33706**

7. Name and Address of New Registered Agent

Name **Albert L. Summerton**
Street Address (P.O. Box Number is Not Acceptable)
Same

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 **Albert L. Summerton**

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

(NOTE: Registered Agent signature required when reinstating)

7-15-03

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE	VD	<input type="checkbox"/> Delete
NAME	SUMMERTON, RUTH ANN	
STREET ADDRESS	10215 4TH ST E.	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SUMMERTON, ALBERT L.	
STREET ADDRESS	10215 4TH ST E.	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SUMMERTON, LORIE	
STREET ADDRESS	10215 4TH ST. E.	
CITY-ST-ZIP	TREASURE ISLAND FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<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	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-03

Date

227-709-4200

Daytime Phone #

CR2E034 (4/03)