

## 2001 UNIFORM BUSINESS REPORT (UBR)

040381

DOCUMENT # K80814

1. Entity Name  
BRITISH OPEN PUB, INC.Principal Place of Business  
3621 KEY LINE CT.  
BONITA SPRINGS FL 34134Mailing Address  
3621 KEY LINE CT.  
BONITA SPRINGS FL 341342. Principal Place of Business  
24570 BLACK RUSH CT. 24570 BLACK RUSH CT.3. Mailing Address  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number 59-2949531  
Applied For  
Not ApplicableCity & State  
BONITA SPRINGS, FL  
Zip 34134  
Country U.S.A.5. Certificate of Status Desired  
\$8.75 Additional  
Fee RequiredZip 34134  
Country U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NABBS, PATRICIA ANN  
4190 LAS PALMAS WAY  
SARASOTA FL 32438Name NABBS, PATRICIA ANN  
Street Address (P.O. Box Number is Not Acceptable)  
24570 BLACK RUSH CT.

City BONITA SPRINGS FL Zip Code 34134

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 *Patricia Ann Nabbs* vs. *PATRICIA ANN NABBS* 4-26-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State  \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NABBS, PATRICIA ANN 8579 S. TAMiami TRAIL SARASOTA FL 34238	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VS NABBS, PATRICIA ANN 24570 BLACK RUSH CT BONITA SPRINGS FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT NABBS, BERNARD 8579 S. TAMiami TRAIL SARASOTA FL 34238	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PT NABBS, BERNARD 24570 BLACK RUSH CT BONITA SPRINGS FL 34134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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)(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: *B. Nabb* BERNARD NABBS PRES. 4-30-01 941-9478551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)