

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED

Mar 01, 2001 8:00 am
Secretary of State

02-06-2001 90240 043 ***150.00

DOCUMENT # P00000017018

1. Entity Name

JIM BOB'S PUB AND EATERY, INC.

Principal Place of Business

3602 SOUTHEAST 3RD PLACE
CAPE CORAL FL 33904

Mailing Address

3602 SOUTHEAST 3RD PLACE
CAPE CORAL FL 33904

1431 SE 16th Pl
Cape Coral, FL 33990

1431 SE 16th Pl
Cape Coral, FL 33990

2. Principal Place of Business

1431 SE 16th Pl
Suite, Apt. #, etc.
CAPE CORAL, FL
City & State

3. Mailing Address

1431 SE 16th Pl
Suite, Apt. #, etc.
CAPE CORAL, FL
City & State

Zip
33990

Country

Lee

Zip

33990

Country

Lee

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

4. FEI Number

65-0982219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name
Margaret A. Stritzinger
Street Address (P.O. Box Number is Not Acceptable)
3602 S.E. 3rd Place
City
Cape Coral
FL Zip Code
33904

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

Margaret A. Stritzinger, President
Signature, typed or printed name of registered agent and title if agent is officer (NOTE: Registered Agent signature required when reinstating)

01-25-01

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President STRITZINGER, MARGARET A 3602 SOUTHEAST 3RD PLACE CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Margaret A. Stritzinger, President
Signature and typed or printed name of signing officer or director
Margaret A. Stritzinger
Date
1/25/01
Daytime Phone #
941-574-8100

CR2034 (10/00)