

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 8:00 am**
Secretary of State

04-23-2001 90134 012 ***150.00

DOCUMENT # P00000056851

1. Entity Name

CRITTER'S PUB OF DELTONA, INC.

Principal Place of Business

**2946 HOWLAND BLVD.
DELTONA FL 32725**

Mailing Address

**2946 HOWLAND BLVD.
DELTONA FL 32725**

2. Principal Place of Business

2946 HOWLAND BLVD.

3. Mailing Address

2946 HOWLAND BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A & B**Suite A & B.**

City & State

City & State

DELTONA, FL.**DELTONA, FL.**

Zip

Country

Zip

Country

32725**Vol.****32725****Vol.**

4. FEI Number

59-3560761

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ENGLE, LONNIE E
2419 ALLOVER BLVD.
DELTONA FL 32738**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PSTD ENGLE, LONNIE E 2946 HOWLAND BLVD. DELTONA FL 32725	<input type="checkbox"/>		
VD ENGLE, DENISE D 2946 HOWLAND BLVD. DELTONA FL 32725	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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: **Lannie E. Engle**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LONNIE E. ENGLE

Date

4-13-01 386-532-2798

Daytime Phone #

CR2E034 (10/00)