

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90070 012 ***150.00

DOCUMENT # **P00000074285**

1. Entity Name

THE CORNER PUB, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1915 N. ANDREWS AVE

3. Mailing Address

1101 NW 30 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#3

DO NOT WRITE IN THIS SPACE

City & State

WILTON MANORS FL.

City & State

WILTON MANORS FL

4. FEI Number

65-1030442

Applied For

Not Applicable

Zip

Country

33311

U.S.A.

Zip

Country

33311

USA

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

Thomas G. Rye

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

408 W University Ave

Suite 108-B

City

Gainesville

FL

Zip Code

32601

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President/Director
Charles BUCHANAN JR.
1101 NW 30 CT #3
WILTON MANORS FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice Pres./Sec./Treas./Dir.
LONNIE SHULTZ
1101 NW 30 CT #3
WILTON MANORS FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Buchanan Jr.

Charles BUCHANAN JR

Date

Daytime Phone #

CR2E034B (12/02)