

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 25 PM 1:58

DOCUMENT # P00000079638

1. Entity Name
Fatty & Skinnys Worldly Tavern, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
658 W. Tennessee St.
Suite, Apt. #, etc.

3. Mailing Address
658 W. Tennessee St.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee FL

City & State
Tallahassee FL

4. FEI Number
82-0555142

Applied For
Not Applicable

Zip
32304

Country
U.S.A

Zip
32304

Country
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
Russell E. Sykes, Jr.

Street Address (P.O. Box Number is Not Acceptable)
3725 Galway Dr.

City
Tallahassee FL Zip Code
32309

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
Russell E. Sykes, Jr.
3725 Galway Dr.
Tallahassee, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400006876204--2
-08/02/02--01046--012
****550.00 ****550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Russell E. Sykes, Sr.
3725 Galway Dr.
Tallahassee, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Janet J. Sykes
3725 Galway Dr.
Tallahassee FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/02 (850) 893 4611
Date Daytime Phone #

CR2E034B (12/01)