

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

DOCUMENT # *P00000079638*

1. Entity Name

Fatty & King's Worldly Tavern, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

658 W. Tennessee St.

3. Mailing Address

658 W. Tennessee St.

Suite, Apt. #, etc.

Tallahassee, FL

Suite, Apt. #, etc.

Tallahassee, FL

City & State

32304 Leon

City & State

32304 Leon

Zip

Country

Zip

Country

4. FEI Number

82-055549

Applied For

Not Applicable

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

Charles Brocker

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

422 Dunwoody St.

Tallahassee, FL

32304

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

08-13-03

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

Aaron Pahmeier
President
658 W. Tennessee St.
Tallahassee, FL 32304

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 employees.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08-13-03

Daytime Phone #

CR2E034B (12/01)