

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90395 013 ***150.00

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DOCUMENT # P00000087330

1. Entity Name
CAROL'S TOWNHOUSE RESTAURANT, INC.



Principal Place of Business
**119 BROADWAY WEST
FORT MEADE FL 33841**

Mailing Address
**119 BROADWAY WEST
FORT MEADE FL 33841**



2. Principal Place of Business
720 N. Charleston Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 187
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
FT. MEADE, FL
Zip
33841
Country
POLK

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4. FEI Number **59-3670849** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COOLEY, STEVEN G
119 BROADWAY WEST
FORT MEADE FL 33841**

7. Name and Address of New Registered Agent

Name **STEVEN G. Cooley**
Street Address (P.O. Box Number is Not Acceptable)
720 N Charleston Ave
P.O. Box 187
City **FT. MEADE** FL Zip Code **33841**

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 **STEVEN G. Cooley PRES** **Steven A. Cooley** **3-29-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PTD COOLEY, STEVEN G 3395 Tanager Lane West 209 S. Hendry Ave MULBERRY FL 33841 FT. MEADE, FL 33841	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COOLEY, CAROL L 3395 Tanager Lane West Mulberry FL 33841	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Cooley, Steven G 209 S. Hendry Ave FT. MEADE, FL 33841	<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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **STEVEN G. Cooley** **STEVEN G. Cooley** **4-29-03** **863-285-7229**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)