

2002 UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-16-2002 90044 004 ***150.00

DOCUMENT # P01000035277
1. Entity Name
 COTEE RIVER LOUNGE, INC. ✓

Principal Place of Business **Mailing Address**
 4823 EDD TIDE LN 4823 EDD TIDE LN
 PORT RICHEY FL 34668 PORT RICHEY FL 34668



2. Principal Place of Business **3. Mailing Address**
Property *4823 Ebb Tide Lane*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
~~7803 Grand Blvd~~ *304*
 City & State City & State
Port Richey FL *Port Richey FL*
 Zip Zip Country Country
34668 Pasco *34668 Pasco*

4. FEI Number **Applied For**
 59-3559041 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 CHRISTENSEN, RUBY
 4823 EDD TIDE LN
 PORT RICHEY FL 34668

7. Name and Address of New Registered Agent
 Name: *NO A/E*
 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: *Ruby Christensen Pres* DATE: *1/8/02*
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.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE NAME	<i>Ruby Christensen Pres</i>	<input type="checkbox"/> Delete
STREET ADDRESS	<i>4823 EDD TIDE LN PORT RICHEY FL 34668</i>	
TITLE NAME	<i>Ruby Christensen Pres</i>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<i>4823 EDD TIDE LN PORT RICHEY FL 34668</i>	
TITLE NAME	<i>Ruby Christensen Pres</i>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<i>4823 EDD TIDE LN PORT RICHEY FL 34668</i>	
TITLE NAME	<i>Ruby Christensen Pres</i>	<input type="checkbox"/> Delete
STREET ADDRESS	<i>4823 EDD TIDE LN PORT RICHEY FL 34668</i>	
TITLE NAME	<i>Ruby Christensen Pres</i>	<input type="checkbox"/> Delete
STREET ADDRESS	<i>4823 EDD TIDE LN PORT RICHEY FL 34668</i>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<i>Remains the same</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
TITLE NAME	<i>Ruby Christensen Pres</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
TITLE NAME	<i>NO CHANGES</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		

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: *Ruby Christensen Pres* DATE: *1/8/01* DAYTIME PHONE: *7278423068*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)