

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90180 005 ***158.75

DOCUMENT # P01000036773

1. Entity Name
WAHOO'S OF ST. AUGUSTINE, INC.



Principal Place of Business
**5098 A1A SOUTH
ST. AUGUSTINE, FL 32080**

Mailing Address
**5098 A1A SOUTH
ST. AUGUSTINE, FL 32080**

90073888



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1094638

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PELLICER, CHARLES E ESQ
28 CORDOVA ST.
ST. AUGUSTINE, FL 32084**

Name

Douglas N. Burnett, Esq

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

170 Malaga Street, Suite A

City

St. Augustine

FL

Zip Code
32084

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]

Douglas N. Burnett, Esq.

3/31/03

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$160.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **RUTH, GINA L**
STREET ADDRESS **45 SAILFISH DR.**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE **D** ☐ Change ☒ Addition
NAME **Margie Whittaker**
STREET ADDRESS **1815 North Highway A1A**
CITY-ST-ZIP **Flagler Beach, Florida 32136**

TITLE **D** ☒ Delete
NAME **RUTH, DONALD G**
STREET ADDRESS **45 SAILFISH DR.**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE **D** ☐ Change ☒ Addition
NAME **Richard Whittaker**
STREET ADDRESS **1815 North Highway A1A**
CITY-ST-ZIP **Flagler Beach, Florida 32136**

TITLE **D** ☒ Delete
NAME **DORE, ERIC G**
STREET ADDRESS **246 LINCOLN AVE.**
CITY-ST-ZIP **PORTSMOUTH, NH 02801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

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

(904) 460-9449

Daytime Phone #

CR2E034 (10/02)