

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000039396**

1. Entity Name
CAVANAUGHS ON THE CANAL, INC.



Principal Place of Business
**3620 STRINGFELLOW RD
ST JAMES CITY FL 33956**

Mailing Address
**3620 STRINGFELLOW RD
ST JAMES CITY FL 33956**

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** **65-1098931** **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**

**CAVANAUGH, FREDERICK J
3620 STRINGFELLOW RD
ST JAMES CITY FL 33956**

Name
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Frederick J. Cavanaugh* *Constance E Cavanaugh* DATE *5/14/03*
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 **9. Election Campaign Financing** **\$5.00 May Be Added to Fees**
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVANAUGH, FREDERICK J P.O. BOX 495 ST JAMES CITY FL 33956	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVANAUGH, CONSTANCE E P.O. BOX 495 ST JAMES CITY FL 33956	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Frederick J. Cavanaugh Constance E Cavanaugh* 5/14/03 239 282-3139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
May 19, 2003 8:00 am
Secretary of State**

05-19-2003 90208 013 ***150.00



CHECK HERE IF MAKING CHANGES

attachment

90136439
P01000039396

Cavanaugh's on the Canal

Dear Sir:

I apologize for being late
with this payment.

Fred, my husband, had
an aneurysm burst in his head
on Feb 5, 2003. He has been in
the hospital since and has
had a lot of complications.
I have been running the
business, a restaurant, by
myself.

The Hospital is Case Coal
Hospital. His prognosis is