

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P01000060616

1. Entity Name

Pappy's Galley & Oyster Bar, Inc.

02 OCT 21 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4417 Calienta Sr

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hernando Beach, FL

City & State

4. FEI Number

59-3728152

Applied For

Not Applicable

Zip

34607

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Emory Thomas

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

4417 Calienta St.

City Hernando Beach

FL

Zip Code
34607

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

Emory Thomas, Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

10-18-02

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	Emory Thomas, President 4417 Calienta St. Hernando Beach, FL 34607	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3000008566553 10/24/02--01040--024 **61.25
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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 empowered.

SIGNATURE:

Emory Thomas

352-597-1773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiring Phone #

7/10/02/02

CR2E034B (12/01)