

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90026 017 ***150.00

0307594 AV

DOCUMENT # P01000060777

1. Entity Name
SLATTERY'S IRISH PUB, INC.

Principal Place of Business 844 NE 20 DRIVE WILTON MANORS FL 33305	Mailing Address 844 NE 20 DRIVE WILTON MANORS FL 33305
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1015 NE26TH ST	3. Mailing Address 1015 NE26TH ST
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Suite, Apt. #, etc.

City & State WILTON MANORS FL	City & State WILTON MANORS, FL
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4. FEI Number 65-1122787	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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Zip 33305	Country USA	Zip 33305	Country USA
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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

CARMICHAEL, RICHARD
844 NE 20 DRIVE
WILTON MANORS FL 33305

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
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. (See criteria on back)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARMICHAEL, RICHARD 844 NE 20 DRIVE WILTON MANORS FL 33305	<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
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fee empowered.

SIGNATURE:

RICHARD CARMICHAEL
3/15/02 **954 563 7833**
Date Daytime Phone #

CR2E034 (9/01)