

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/20

FILED
Apr 10, 2003 8:00 am
Secretary of State

03-20-2003 90112 019 ***150.00

DOCUMENT # P02000018364

1. Entity Name
BULLY'S FITNESS BAR INC.



Principal Place of Business
1916 14TH AVE.
VERO BEACH FL 32960

Mailing Address
1916 14TH AVE.
VERO BEACH FL 32960



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

611423277

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PALMER, MELISSA
1916 14TH AVE.
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name Thomas. Kale

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

1916 14th Ave

City

Vero Beach,

FL

Zip Code

32960

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

Thomas Kale

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

(NOTE: Registered Agent signature required when reinstating)

2/4/2003

DATE

FILE NOW!!! FEE IS \$150.00

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

TITLE P
NAME KALE, THOMAS A
STREET ADDRESS 1916 14TH AVE
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE V
NAME PALMER, MELISSA M
STREET ADDRESS 1916 14TH AVE.
CITY-ST-ZIP VERO BEACH FL 32960 ☒ Delete

TITLE S
NAME WALLACE, LAURIE A
STREET ADDRESS 1916 14TH AVE.
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE DAVID MCADAMS
NAME DAVID MCADAMS
STREET ADDRESS 1916 14th Ave
CITY-ST-ZIP Vero Beach, FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

Laurie Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

1/30/03

Date

772 9785931

Daytime Phone #

CR2E034 (10/02)