

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90597 002 ***150.00

0096142 FP

DOCUMENT # P02000027144

1. Entity Name
THE HIDE OUT CAFE, INC.



Principal Place of Business
**765 EAST HIGHWAY 78
MOORE HAVEN FL 33471**

Mailing Address
**765 EAST HIGHWAY 78
MOORE HAVEN FL 33471**



2. Principal Place of Business

765 East Hwy 78
Suite, Apt. #, etc.

3. Mailing Address

765 East Highway 78
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Moore Haven, FL

City & State
Moore Haven, FL

4. FEI Number
01-0633064

Applied For
☐ Not Applicable

Zip
33471

Country
FLADES

Zip
33471

Country
FLADES

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOMMER, HARVEY D
745 US HIGHWAY ONE, SUITE 205
NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CONWAY, SHERRY
NORTHLAKE ESTATES, 765 EAST HIGHWAY 78
MOORE HAVEN FL 33471** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CONWAY, BRET
NORTHLAKE ESTATES, 765 EAST HIGHWAY 78
MOORE HAVEN FL 33471** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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:

Sherry Conway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/03
Date

863-227-0371
Daytime Phone #

CR2E034 (10/02)