

P0200004280K

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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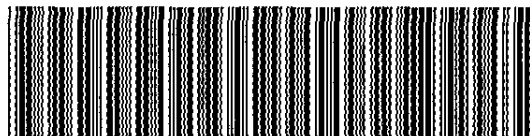
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: WILD BILLS SALOON + TAVERN INC  
(Name of corporation)

DOCUMENT NUMBER: P02000042806

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM VINCENT ROMERO  
(Name of person)

WILD BILLS SALOON + TAVERN INC  
(Name of firm/company)

1746 TALLEYRAND AVE  
(Address)

JAX FL 32206  
(City/state and zip code)

For further information concerning this matter, please call:

WILLIAM VINCENT ROMERO at (904) 355-4552  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**LAW OFFICES OF JAMES J. EGAN**

4950 BEACH BOULEVARD  
JACKSONVILLE, FLORIDA 32207  
PHONE (904) 390-2744  
FAX (904) 390-2721  
e-mail: [jeganesq@bellsouth.net](mailto:jeganesq@bellsouth.net)

August 6, 2003

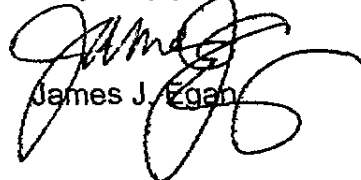
State of Florida  
Division of Corporations  
Amendment Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Wild Bill's Saloon and Tavern, Inc.  
Document #: P02000042806

Dear Sir/Madame:

Enclosed herein please find a transmittal letter, a statement of change of registered office or registered agent, or both, for corporations which only changes the registered office, and an amended articles of incorporation. Also enclosed is a check for \$70.00 to cover the two filing fees.

Very truly yours,

  
James J. Egan

JJE/hd  
enc

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Wild Bill's Saloon and Tavern, Inc.
2. The principal office address: 1746 TALLEY RAND AVENUE  
JACKSONVILLE, FLORIDA 32206
3. The mailing address (if different): SAME AS # 2
4. Date of incorporation/qualification: 4-12-02 Document number: P02000042806

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

REG. AGENT: JAMES J. EGAN REG. OFFICE: Wild Bill's Saloon and Tavern  
4950 BEACH BLVD 657 Wondarwood Drive  
JAX, FLA 32207 JAX, FLA 32233

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JAMES J. EGAN  
REG. OFFICE: Wild Bill's Saloon and Tavern, Inc.  
1746 TALLEY RAND AVENUE  
(P.O. Box or personal mailbox NO. acceptable)  
JAX, FLA 32206

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

William Vincent Romero  
(Signature of an officer, chairman or vice chairman of the board)

WILLIAM VINCENT ROMERO TREASURY/DIRE.  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

James J. Egan  
(Signature of Registered Agent)

8-5-03  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314