## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P02000112840

1. Entity Name

ALE HOUSE AND SPORTS BAR OF AMERICA INC.



03 APR 21 AM 2:28

SECRETARY OF STATE FALLAHASSEE, FLORIDA

Principal Place of Business 2161 PALM BEACH LAKES BOULEVARD SUITE 403 WEST PALM BEACH FL 33409  2. Principal Place of Business Suite, Apt. #, etc.			2161 SUITE WEST	Mailing Address 2161 PALM BEACH LAKES BOULEVARD SUITE 403 WEST PALM BEACH FL 33409  3. Mailing Address Suite, Apt. #, etc.								
				City & State					CK HERE IF MAKIN			
City & Stat	<del></del>						4.	FEI Number		X No	oplied For ot Applicable	
Zip 					Country			Certificate of Status		\$8.75 Add	ditional ed	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name					
PREEFER, JAY C				Stree			Address (P.O. Box Number is Not Acceptable)					
2161 PALM BEACH LAKES BOULEVARD					!	Ollog Madross (1.0. Dox Marrison 19 1401)						
SUITE 403 WEST PALM BEACH FL 33409												
WEST PAL			City			F	Zip Cod	e				
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												
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 Cam Trust Fund C	npaign Financing contribution.		May Be	
10. OFFICERS AND DIRECTORS							A	DDITIONS/CHANGES	S TO OFFICERS AN	ID DIRECTOR	S IN 11	
NAME		JAY C I BEACH LAKE M BEACH FL 3		Delete	TITLE NAME STREE CITY-	T ADDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	D Preefe 2161 West	r. Richard Falm Beach Falm Bea	Lahes Blue sch 71 3	□ Change d, Ste 40, 5404	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREE	FADDRESS ST-ZIP		3000	18461	353		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP		05/07/03	-01091026 	3 <b></b>	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	, TITLE NAME STREET CITY-S	TADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			alled with this filing	☐ Delete	CITY-S	ADDRESS ST-ZIP				Change	Addition	

Thereby certify that the information supplied with this filling does not quality 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:**