

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90063 003 ***150.00

DOCUMENT # P04000107977

1. Entity Name

BOB MARLIN'S SPORTS GRILLE, INC.



Principal Place of Business

15455 NO CAPE DRIVE
JACKSONVILLE FL 32226

Mailing Address

15455 NO CAPE DRIVE
JACKSONVILLE FL 32226

2. Principal Place of Business

798 3rd ST. S

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 50482

Suite, Apt. #, etc.

City & State

Jacksonville Beach

City & State

Jacksonville Beach

4. FEI Number

30-0263474

Applied For

Not Applicable

Zip

32250

Country

USA

Zip

32240-0482

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TIPTON, TERRY O
15455 NO CAPE DRIVE
JACKSONVILLE FL 32226

7. Name and Address of New Registered Agent

Name

Scott A. Foltz

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

8204 Sabal Oak Ln

City

Jacksonville

FL

Zip Code

32256

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]

Scott A. Foltz

3-14-05

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, 2005 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 V
NAME TIPTON, TERRY O
STREET ADDRESS 15455 NO CAPE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32226 ☒ Delete

TITLE P
NAME FOLTZN, SCOTT A
STREET ADDRESS 8204 SABAL OAK LN.
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 FOLTZ, SCOTT A
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:

[Signature]

Scott A. Foltz

3-14-05

904-731-8576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #