2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P

P93000017476

1. Entity Name

BOBBY D'S BEACH BAR, INC.



FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90180 031 ***150.00

			SOO WE						
Principal Place of Business 12 VIA DE LUNA PENSACOLA BEACH FL 32561		Mailing Address P.O. BOX 162 GULF BREEZE FL 32562 US							
2. Principal Place of Business		3. Mailing Address			1 	081 95 80 101 11011 11	JULI BIBLI II	 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. 1	4. FEI Number 59-3173581			plied For t Applicable]
Zip	Country	Zip	Country	5. (Certificate of Status Desired		75 Add Required		
	6. Name and Address of Current Re	egistered Agent		7. I	Name and Address of New Re	gistered Ager	nt		1
or venue and regulates at agreem regulations (200)				Name					
DRAPER, LANA L				1					
			Street Ad	dress (P.O. B	ox Number is Not Acceptable)				
12 VIA DE LUNA PENSACOLA FL 32561									1
PENSACC	JLA FL 32561								
			City			FL	Zip Code	9	
0 The -b	named entity submits this statement for t	ha avenaga of abanaina ita sa	aciatarad office ar s	agistared on	ont or both in the State of Eleri	do Lam famil	ior with	and accept	┨
	tions of registered agent.	ne purpose of changing its re	sgistered diffice of 1	egistered ag	ent, or boin, in the otate of floir	aa. ram am	121 17101, 0	and docopi	
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SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature	e required when re	pinstating)	DATE]
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of \$	State			9. Election Campaign Fina Trust Fund Contribution.	ncing	\$5.0 ¢ Added	0 May Be to Fees	
10.	OFFICERS AND DI		11.	AΓ	I DITIONS/CHANGES TO OFFIC	ERS AND DIF	RECTORS	S IN 11	1
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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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

· Delete · · . .

DRAPER

Date Day

Daytime Phone #

CR2E034 (10/

☐ Addition