

**CORPORATION
ANNUAL REPORT**

1994/1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000040465 (5)

1. Corporation Name

**HUBB'S PUB - GARDENWOOD AVE
BEELINE, INC.**

Mailing Address
**1535 NORTH COGSWELL STREET
STE. A-3
ROCKLEDGE FL 32955**

Principal Place of Business
**1535 NORTH COGSWELL STREET
STE. A-3
ROCKLEDGE FL 32955**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address		2a. Principal Place of Business	
21		26	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

**APPROVED
AND
FILED**
95 MAY -1 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/08/1993	3a. Date of Last Report 7/19/94
4. FEI Number 59-3254152	Applied For ☐ Not Applied
5. Certificate of Status Desired \$8.75 Additional Fee Required	6
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**UNGAR DAVID
1535 NORTH COGSWELL STREET
STE. A-3
ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	
12 NAME	UNGAR DAVID	12 NAME	
13 STREET ADDRESS	1535 NORTH COGSWELL STREET STE. A-3	13 STREET ADDRESS	
14 CITY - ST - ZIP	ROCKLEDGE FL 32955	14 CITY - ST - ZIP	
21 TITLE		21 TITLE	
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY - ST - ZIP		24 CITY - ST - ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY - ST - ZIP		34 CITY - ST - ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY - ST - ZIP		44 CITY - ST - ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY - ST - ZIP		54 CITY - ST - ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY - ST - ZIP		64 CITY - ST - ZIP	

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-05/12/95 -01046 -008
******200.00 ****200.00**

T.D. 5/11/95

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICE OR DIRECTOR

4/30/95