

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/13

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90067 026 \*\*\*150.00  
03-27-2001 90671 011 \*\*\*\*\*8.75

**DOCUMENT # P94000012473**

1. Entity Name  
**RESTAURANT HAPPY COAT, INC.**

Principal Place of Business  
**301 CHERRY ST  
PANAMA CITY FL 32401**

Mailing Address  
**301 CHERRY ST  
PANAMA CITY FL 32401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3240607**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAKUYA YOSHIDA  
519 BUNKERS COVE RD.  
PANAMA CITY FL 32401**

Name *Takuya Yoshida*  
Street Address (P.O. Box Number Not Acceptable) *519 Bunkers Cove RD*  
City *Panama city* FL *32401*

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.

SIGNATURE *Takuya Yoshida* DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS-

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D VICE PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>YOSHIDA, TAKUYA</b>	
STREET ADDRESS	<b>519 BUNKERS COVE RD</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	
TITLE	<b>D PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>YOSHIDA, MINAKO</b>	
STREET ADDRESS	<b>519 BUNKERS COVE RD</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Takuya Yoshida* *Minako Yoshida*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Mar 16, 2001* *285, 8815* Daytime Phone #

CR2E034 (10/00)