

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90021 009 ***150.00

DOCUMENT # P96000008434

1. Entity Name

BREWSKI'S PUB, INC.

Principal Place of Business

**12500 TAMiami TRAIL
NORTH PORT FL 34287**

Mailing Address

**6704 KENWOOD DRIVE
NORTH PORT FL 34287-5506**

2. Principal Place of Business

3. Mailing Address

2913 TRAVERSE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH PORT, FL

4. FEI Number

59-3368787

Applied For

Not Applied

Zip

Country

34286-6958

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRISSINGER, DOUGLAS W
13801-D S. TAMiami TRAIL
NORTH PORT FL 34287**

7. Name and Address of New Registered Agent

Name **RENEE M. QUEEN**

Street Address (P.O. Box Number is Not Acceptable)
2913 TRAVERSE AVENUE

City **NORTH PORT**

FL **34286**

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

Renee M. Queen

RENEE M. QUEEN, PRESIDENT

1-26-00

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE **P** ☐ Delete
NAME **QUEEN, RENEE M**
STREET ADDRESS **12500 TAMiami TR.**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **RENEE M. QUEEN**
STREET ADDRESS **2913 TRAVERSE AVENUE**
CITY-ST-ZIP **NORTH PORT, FL 34286**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Renee M. Queen

RENEE M. QUEEN

1-26-00

941-426-2210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #