

2000 UNIFORM BUSINESS REPORT (UBR)

Amended

FILED

00 OCT 12 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000017822

1. Entity Name

Bottoms Up BAR, INC

Principal Place of Business

Mailing Address

8400 U.S. #1 South
Micco, FL 32976

8400 U.S. #1 South
Micco, FL
32976

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3429917

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Lynette S. TummoLo
8420 U.S. #1 South
Micco, FL 32976

Name

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

City

FL

Zip Code

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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: President
NAME: Lynette Sue TummoLo
STREET ADDRESS: 8420 U.S. #1 South
CITY-ST-ZIP: Micco, FL 32976

TITLE: V. Pres
NAME: Lynette Sue TummoLo
STREET ADDRESS: 8420 U.S. #1 South
CITY-ST-ZIP: Micco, FL 32976

TITLE: Secretary
NAME: Lynette Sue TummoLo
STREET ADDRESS: 8420 U.S. #1 South
CITY-ST-ZIP: Micco, FL 32976

TITLE: Treasurer
NAME: Lynette Sue TummoLo
STREET ADDRESS: 8420 U.S. #1 South
CITY-ST-ZIP: Micco, FL 32976

TITLE: Director
NAME: Robert Bench
STREET ADDRESS: 8420 U.S. #1 South
CITY-ST-ZIP: Micco, FL 32976

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS: 000003436990-0
CITY-ST-ZIP: -10/24/00-01078-025

TITLE:
NAME:
STREET ADDRESS: *****61.75
CITY-ST-ZIP: LS *****61.25

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Director
NAME: Principio TummoLo
STREET ADDRESS: 8420 U.S. #1 South
CITY-ST-ZIP: Micco, FL 32976

TITLE:
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-00

561-664-9863

CR2E034 (5/00)