

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

1 of 2

DOCUMENT # **P97000036234**

1. Entity Name

SARGES VILLAGE TAVERN INC

03 OCT -6 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5763 Nova Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Orange, FL

City & State

Same

4. FEI Number

59-3461696

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Trump Robert G.

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

4343 N Ridgewood Ave

City

Port Orange

FL

Zip Code

32127

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
Grants Patricia E.
149 Sand Pebble Circle
Port Orange FL 32129**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**200024215902
10/28/03--01073--016 **150.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Patricia Grant PTD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/03

Date

386-760-0287

Daytime Phone #

CR2004R (12/01)

20x2

SARGE'S VILLAGE TAVERN, INC.
5263 NOVA ROAD
PORT ORANGE, FL 32127

September 24, 2003

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

ATTN: Kathy Ashton, Document Specialist

Re: Corporate Annual Reports - P97000036234

Dear Ms. Ashton;

This letter is our request to have all additional fees and penalties waived for the late filing of the Corporate Annual Report. As stated in the letter from our accountant on September 15, this form was not received by us this year until we were notified that the late filing date was upon us.

Should you have any questions, please feel free to contact this office.

Thank you very much.

Sincerely,

SARGE'S VILLAGE TAVERN, INC.



Patricia Grant,
President