

# ANNUAL REPORT (AR)

DOCUMENT # P97000052604

1. Entity Name

UPTOWN CAFE, INC.



**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91031 049 \*\*\*150.00

Principal Place of Business

8563 U.S. HIGHWAY 19  
PORT RICHEY FL 34668

Mailing Address

2432 U.S. HWY 19  
HOLIDAY FL 34691

2. Principal Place of Business

c/o C J McGeehan Jr.

3. Mailing Address

c/o C J McGeehan, Jr.

Suite, Apt. #, etc.

4630 Darlington Road

Suite, Apt. #, etc.

4630 Darlington Road

City & State

Holiday, Florida

City & State

Holiday, Florida

Zip

34690

Country

USA

Zip

34690

Country

USA

4. FEI Number

59-3452798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

MC GEEHAN, CORNELIUS J JR.  
2432 U.S. HWY 19  
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name

C J McGeehan, Jr.

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

4630 Darlington Road

City

Holiday

FL

Zip Code

34690

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete  
NAME MC GEEHAN, CORNELIUS J JR.  
STREET ADDRESS 2432 U.S. HIGHWAY 19  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4630 Darlington Road  
CITY-ST-ZIP Holiday, Florida 34690

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Cornelius J. McGeehan Jr.*

Cornelius J. McGeehan Jr, President

4/27/2004 727-937-4223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #