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FILED
Jul 02, 2001 8:00 am
Secretary of State

05-16-2001 90247 031 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 97000072513**

1. Entity Name

Wet Willie's Bar & Grill Inc

Principal Place of Business

**7855 W. Gulf to Lake Hwy
Crystal River, FL 34429**

Mailing Address

**1935 S.E. Hwy 19
Crystal River FL 34429**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3465038

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Ed Owens
4435 Orange Acre Pt
Crystal River, FL 34428**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Ed Owens

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-26-019. 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

Ed Owens - President ☐ Delete
4435 Orange Acre Pt
Crystal River, FL 34428

President ☐ Delete
Jennifer Hamilton Bass
440 Hourglass Terrace
Crystal River FL 34429

☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
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 CITY- ST- ZIP

☐ Change ☐ Addition
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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)(f), 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 807, 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:

Ed Owens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)