

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 12, 2001 8:00 am**
Secretary of State

03-12-2001 90502 010 ***150.00

DOCUMENT # P97000094065

1. Entity Name

OUTHOUSE LOUNGE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~D/B/A HILLUPS FAMILY REST~~
~~4509 MITCHER RD~~
NEW PORT RICHEY FL 34652
CLOSEDDUANE R POLUKEY
~~4509 MITCHER RD~~ **6736 RIVER RD**
NEW PT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3475941**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLUKEY, DUANE R
4509 MITCHER ROAD
NEW PORT RICHEY FL 34652

Name

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

6736 RIVER RD

City

NEW PORT RICHEY**FL**

Zip Code

34652

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	P	<input type="checkbox"/> Delete
NAME	POLUKEY, DUANE R	
STREET ADDRESS	4509 MITCHER ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6736 RIVER RD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**DUANE R. POLUKEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/10/2001**
Date**727-458-5366 CELL**
Daytime Phone #**727-845-1549 Home**
Home Phone #

CR2E034 (10/00)