

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094065

1. Entity Name

OUTHOUSE LOUNGE ENTERPRISES, INC.

Principal Place of Business

D/B/A HILLUPS FAMILY REST  
4509 MITCHER RD  
NEW PORT RICHEY FL 34652

CLOSED

Mailing Address

DUANE R POLUKEY  
4509 MITCHER RD  
NEW PT RICHEY FL 34652

6736 RIVER Rd

2. Principal Place of Business

3. Mailing Address

DUANE R POLUKEY

Suite, Apt. #, etc.

6736 RIVER Rd

City & State

NEW PORT RICHEY FLA

Zip

34652

Country

PASCO

4. FEI Number

59-3475941

Applied For

Not Applicable

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 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
POLUKEY, DUANE R  
4509 MITCHER ROAD  
NEW PORT RICHER FL 34652

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6736 RIVER Rd

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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* DUANE R. POLUKEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2001 727-458-5366 CELL  
Date 727-845-1549 Home  
Daytime Phone

CR2E034 (10/00)