

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90041 023 ***150.00

DOCUMENT # P98000037038

1. Entity Name
COPPER MUG RESTAURANT & BAR, INC.

Principal Place of Business
21335 US 19 NORTH
CLEARWATER FL 33764

Mailing Address
21335 US 19 NORTH
CLEARWATER FL 33764

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3506522**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BOZMOSKI, JOHN JR.
600 BYPASS DRIVE
SUITE 219
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name **William A. Smith**
 Street Address (P.O. Box Number is Not Acceptable)
21335 US 19 NORTH
 City **CLEARWATER** FL Zip Code **33764**

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 *William A. Smith*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4-30-02**

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, ROBERT R	
STREET ADDRESS	1966 HASTINGS DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, GARRY C	
STREET ADDRESS	1382 FOREST LAWN COURT	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	William A. Smith	<input type="checkbox"/> Delete
NAME	14171 Chamberlain Ave.	
STREET ADDRESS	Longwood, FL 32774	
CITY-ST-ZIP	D.P.T	
TITLE	Michael J. Land	<input type="checkbox"/> Delete
NAME	3021 STATE RD. #590	
STREET ADDRESS	#427	
CITY-ST-ZIP	CLW FLORIDA 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	William A. Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	14171 Chamberlain Ave.	
STREET ADDRESS	Longwood, FL 32774	
CITY-ST-ZIP	D.P.T. Pres. Trus.	
TITLE	Michael J. Land	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3021 STATE RD. #590	
STREET ADDRESS	#427	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *William A. Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-30-02** (922) 797-6009
 Daytime Phone #

CR2E034 (9/01)