

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90563 029 \*\*\*150.00

**DOCUMENT # P98000080285**

1. Entity Name  
**THE OFFICE SALOON, INC.**

Principal Place of Business  
**925 SOUTH EDGEWOOD AVENUE  
 JACKSONVILLE FL 32205**

Mailing Address  
**925 SOUTH EDGEWOOD AVENUE  
 JACKSONVILLE FL 32205**

2. Principal Place of Business  
**OFFICE SALOON**  
 Suite, Apt. #, etc.

3. Mailing Address  
**925 EDGEWOOD AVES.**  
 Suite, Apt. #, etc.

City & State  
**JAX. FL.**

City & State  
**JAX. FL.**

4. FEI Number  
**59-3536350**

Applied For  
 Not Applicable

Zip  
**32205** Country  
**DUVAL**

Zip  
**32205** Country  
**DUVAL**

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

## 6. Name and Address of Current Registered Agent

**HUGHES, MARSHA B  
 925 SOUTH EDGEWOOD AVENUE  
 JACKSONVILLE FL 32205**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (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, 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

TITLE **PD** ☐ Delete  
 NAME **COPENHAVER, PAMELA J**  
 STREET ADDRESS **925 SOUTH EDGEWOOD AVENUE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **STD** ☐ Delete  
 NAME **HUGHES, MARSHA B**  
 STREET ADDRESS **925 SOUTH EDGEWOOD AVENUE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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: Pam Copenhaver **PAM COPENHAVER** 4-25-02 (904) 384-0010  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)