

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90171 013 ***150.00

DOCUMENT # P99000016656

1. Entity Name
SOH WOT ENTERPRISES, INC.

Principal Place of Business
6507 SUNSET AVE.
PANAMA CITY FL 32408

Mailing Address
6507 SUNSET AVE.
PANAMA CITY FL 32408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3558605**

Applied For
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

O'HARA, W. SEAN
6507 SUNSET AVE.
PANAMA CITY FL 32408

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **O'HARA, W. SEAN**
 STREET ADDRESS **6507 SUNSET AVE.**
 CITY-ST-ZIP **PANAMA CITY FL 32408**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 **JACKIE L. O'HARA**
 STREET ADDRESS **6507 SUNSET AVE.**
 CITY-ST-ZIP **PANAMA CITY FL 32408**

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
 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 a power like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)

Attachment

#TP99 000016653/677638

soh wot enterprises, inc
d/b/a Sassafras Café

August 30, 2002

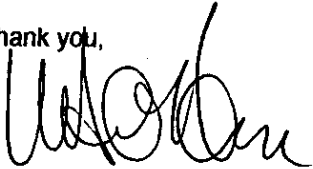
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I am enclosing a check in the amount of \$150.00, per the instruction of a representative at the Tallahassee office, whom I spoke to Wednesday, August 28th. I was concerned that I had not received any prior notice, and am not in the habit of throwing away \$400.00 for no reason. She (I believe her name was Joan?) looked up my account # which showed prompt payments in the past, and suggested that this letter would be enough to allow you to honor the original \$150.00 due.

I really appreciate your grace; I am a small business owner battling daily with the economy and the stack of bills and had no intention of avoiding this responsibility. My accountant had no record of the original notice, either.

Thank you,



W. Sean O'Hara
Chef/Owner, Sassafras Café
668 West 23rd Street PC, FL 32405

850-913-7090