

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051713

1. Entity Name

MARTINGAIL'S RESTAURANT & PIANO BAR, INC.

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90187 041 \*\*\*150.00

Principal Place of Business

3700 JOHN ANDERSON DRIVE  
ORMOND BEACH FL 32176

Mailing Address

3700 JOHN ANDERSON DRIVE  
ORMOND BEACH FL 32176

2. Principal Place of Business

121 E. Granada Blvd.

Suite, Apt. #, etc.

3. Mailing Address

250 National Place

Suite, Apt. #, etc.

Suite 192

City & State

Ormond Beach, FL

City & State

Longwood, FL

4. FEI Number

59-3583312

Applied For

Not Applicable

Zip

32176

Country

USA

Zip

32750

Country

USA

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

HODGES, GEORGE

250 CR-427 SOUTH

SUITE 116

LONGWOOD FL 32750-5466

Name

George Hodges, EA

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

585 South CR 427

Suite 121

City

Longwood

FL

Zip Code  
32750

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

*George Hodges, EA*

George Hodges, EA

4/10/01

(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 ☐ Delete  
NAME D  
STREET ADDRESS COHEN, GAIL J  
CITY-ST-ZIP 3700 JOHN ANDERSON DRIVE  
ORMOND BEACH FL 32176

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2060 Springs Landing Blvd.  
CITY-ST-ZIP Longwood, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

*George Hodges, EA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

904-676-4611

Date

Daytime Phone #

CR2E034 (10/00)