

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0983719 AV

DOCUMENT # S59714



1. Entity Name
PALM BEACH ALE HOUSE AND RAW BAR, INC.

APPROVED
AND
FILED

03 APR 21 AM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2161 PALM BEACH LAKES BLVD. SUITE 403 W. PALM BEACH FL 33409	Mailing Address 2161 PALM BEACH LAKES BLVD. SUITE 403 W. PALM BEACH FL 33409
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[Handwritten signature]



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0285227** Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PREFER, JAY C.
2161 PALM BEACH LAKES BLVD.
SUITE 403
W. PALM BEACH FL 33409**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	PREFER, RICHARD	
STREET ADDRESS	2161 PALM BEACH LAKES	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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05/07/03--01091--026--\$300.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Richard Preefer-Pres. 4/14/03 561-689-7706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)