2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **V44342** Jan 13, 2000 8:00 am 1. Entity Name **Secretary of State** LAMP POST BAR AND GRILL, INC. 01-13-2000 90036 021 ***150.00 Principal Place of Business Mailing Address % EDWARD J. PRINGLE % EDWARD J. PRINGLE 6567 S. MILITARY TRAIL 6567 S. MILITARY TRAIL LAKE WORTH FL 33463-7531 DOCTOROL LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address S ame DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State 65-0336315 Not Applicable Country Zip Country \$8.75 Additional Zip П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRINGLE, EDWARD J. Street Address (P.O. Box Number is Not Acceptable) 6567 S. MILITARY TRAIL LAKE WORTH FL 33463 City Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE PRES. PRINGLE, EDWARD J. NAME STREET ADDRESS 6567 S. MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZIP V-Pres. **S** Change TITLE Addition ☐ Delete TITLE RINALDI, CAROL PRINGLE Carol L. Privale 7146 Thompson Road Boynton Beach, Fl. NAME NAME STREET ADDRESS 4395 REDDING ROAD STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP ☐ Delete TITLE TITI F PRINGLE, FAYE NAME NAME 4395 REDDING ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE

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

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS CITY-ST-ZIP