

**03 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P00000079836

1. Entity Name

Biggs Inc DBA Cagneys Bar  
+ Grill



FILED

03 MAY 19 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5983 S. University Dr.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Davie, FL

City & State

Same

4. FEI Number

45-1031917

Applied For

Not Applicable

Zip

33328

Country

USA

Zip

11

Country

11

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Patricia Cagney

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

9601 NW 42 Ct.

City

Surprise

FL

Zip Code

33351

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

Patricia Cagney

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Patricia Cagney, Pres.  
9601 NW 42 Ct.  
Surprise FL 33351

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
700019321547  
05/19/03--01070--003 \*\*61.25

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Cagney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-03

Date

954 967-0395

Daytime Phone #

CR2E034B (12/02)