

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0072250 AV

DOCUMENT # P00000116276

1. Entity Name
OUT OF THE BLUE CATERING, INC.



APPROVED
AND
FILED

03 SEP 11 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
906 SW 20TH ST
FORT LAUDERDALE FL 33315

Mailing Address
906 SW 20TH ST
FORT LAUDERDALE FL 33315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1077263

Applied For
Not Applicable

Zip

Country

Zip

Country

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

JONES, JON J
906 SW 20TH STREET
FT LAUDERDALE FL 33315

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 P
NAME JONES, JON J
STREET ADDRESS 906 SW 20TH ST
CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100022966471
09/11/03--01054--010 **\$550.00

TITLE V
NAME THOMPSON, ALLISON M
STREET ADDRESS 906 SW 20TH ST
CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☒ Delete

TITLE V
NAME THOMPSON, ALLISON M
STREET ADDRESS 906 SW 20TH ST
CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

ALLISON M. THOMPSON 09/07/03 (954) 761-1123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)