2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

P02000003907

DOCUMENT# 1. Entity Name

Principal Place of Business

BO-HOGS BBQ & CHILI DELIGHTS, INC.



04-11-2003 90076 037 ***150.00

FILED
apr 11, 2003 8:00 am
Secretary of State
04.11.0000.00000000000000000

BLDG. 245. NAVAL STATION MAYPORT FL 32233		P.O. BOX 16952 JACKSONVILLE FL 32245-6952							
2. Principal Place of Business		3. Mailing Address			1 14011001 111 04110 11011 10111 41		100 (1111 1 0 11) 1	111	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State						plied For t Applicable]
Zip	Country Zip Co		Country		5. Certificate of Status Desired S8.75 Addi Fee Required			itional	ĺ
6. Name and Address of Current Registered Agent					7. Name and Address of New R	egistered A	jent		1_,
				Name					
	DANIEL SR.			Street Address (P.0	P.O. Box Number is Not Acceptable)				1
A	JCALYPTUS DR.		<u> </u>						-
JACKSON	WILLE FL 32225		L			·	,]
•				City		FL	Zip Code	J	
8. The above	named entity submits this statement fo	or the purpose of changing	g its registered	office or registered	agent, or both, in the State of Flo	rida. tam fa	miliar with, a	and accept	1
the obligat	ions of registered agent.)
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable.	NOTE: Registered A	gent signature required wh	nen reinstating)	DATE			
E	ILE NOW!!! FEE IS \$150.00	- 							ł
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of		f State			9. Election Campaign Fin Trust Fund Contribution			May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTORS	IN 11	1
TITLE .	PSTD				-	_	☐ Change	Addition	8
NAME	0		NAME						18
STREET ADDRESS 13233 EUCALYPTUS DR. CITY-ST-ZIP JACKSONVILLE FL 32225			CITY-ST	ADDRESS					8
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #