

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90284 002 ***150.00

0468395 AV

DOCUMENT # P02000100093

1. Entity Name
"I DON'T CARE" BAR & GRILL, INC.



Principal Place of Business
3207 W BALLAST POINT BLVD
TAMPA FL 33611

Mailing Address
3207 W BALLAST POINT BLVD
TAMPA FL 33611



2. Principal Place of Business
4556 S. Manhattan Ave
Suite, Apt. #, etc.
#E

3. Mailing Address
4556 S. Manhattan Ave
Suite, Apt. #, etc.
#E

City & State
Tampa FL

City & State
Tampa FL

Zip
33616

Country

Zip
33616

Country

4. FEI Number
542073842

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

BARKER, PAMELA G
3207 W BALLAST POINT BLVD
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name
Connie Bennett
Street Address (P.O. Box Number is Not Acceptable)
4556 S. Manhattan Ave, #E
City
Tampa FL Zip Code
33616

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
Connie Bennett

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BARKER, PAMELA G
3207 W BALLAST POINT BLVD
TAMPA FL 33611 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
BENNETT, CONNIE A
3207 W BALLAST POINT BLVD
TAMPA FL 33611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Connie Bennett
4556 S. Manhattan Ave #E
Tampa FL 33616 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
Connie Bennett
4556 S. Manhattan Ave
Tampa FL 33616 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE: Connie A. Bennett 4-20-03 813.832.3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)