

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91834 031 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000132949

1. Entity Name
BLUEGRASS BBQ & CATERING, INC.



Principal Place of Business
**1009 MYRTLE ROAD
VALRICO, FL 33594**

Mailing Address
**1009 MYRTLE ROAD
VALRICO, FL 33594**

2. Principal Place of Business
625 DeWolf Road
Suite, Apt. #, etc.

3. Mailing Address
625 DeWolf Road
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Brandon, FL
Zip
33511 Country

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4. FEI Number
16-1644554
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**NEWMAN, JEFFREY W
1009 MYRTLE ROAD
VALRICO, FL 33594**

7. Name and Address of New Registered Agent

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 \$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	<input type="checkbox"/> Delete
	D	NEWMAN, JEFFREY W	1009 MYRTLE ROAD VALRICO, FL 33594	
	D	NEWMAN, JASON A	1009 MYRTLE ROAD VALRICO, FL 33594	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-03

CF2E034 (10/02)