

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90052 045 ***150.00

DOCUMENT # P96000052556

1. Entity Name

BROWN DOG CAFE AND CATERING, INC.

Principal Place of Business

229 - 62ND AVE., NORTH
ST. PETERSBURG FL 33703

Mailing Address

229 - 62ND AVE., NORTH
ST. PETERSBURG FL 33703

2. Principal Place of Business

3451 - 4th St No

Suite, Apt. #, etc.

St. Pete, FL

City & State

33704

USA

3. Mailing Address

3451 - 4th St No

Suite, Apt. #, etc.

St. Pete, FL

City & State

33704

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3386116

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTGOMERY, DANIEL J
229 - 62ND AVE., NORTH
ST. PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name Montgomery, Daniel J

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

3451 - 4th St. No

St. Pete, FL

City

FL

33704

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.

SIGNATURE Daniel J. Montgomery

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MONTGOMERY, DANIEL J	
STREET ADDRESS	229 - 62ND AVE., NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33703	
TITLE	V	<input type="checkbox"/> Delete
NAME	MONTGOMERY, CYNTHIA L	
STREET ADDRESS	229 - 62ND AVE., NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel J. Montgomery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 725-525-5830

Date

Daytime Phone #

CR2E034 (10/00)