

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90232 007 ***150.00

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

DOCUMENT # 996000066180

1. Entity Name

A Beany Good Caterer Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4055 ESPANADE WAY 6351 Sinkola DR.

City & State

City & State

TALLAHASSEE FL. TALLAHASSEE FL.

Zip

Country

Zip

Country

32311

32311

4. FEI Number

Applied For

65-0722539

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JESSE A. JAMES

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

6351 Sinkola DR.

City

TALLAHASSEE

FL

Zip Code

32312

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President
NAME JESSE A. JAMES
STREET ADDRESS 6351 Sinkola DR.
CITY - ST - ZIP Tallahassee FL. 32312

TITLE Vice President
NAME Valerie A. Katonah James
STREET ADDRESS 6351 Sinkola DR.
CITY - ST - ZIP Tallahassee FL. 32312

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jesse A. James

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jesse A. James

Date

4-29-02

Daytime Phone #

950-671-3300

CR050345 (12/01)