

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90156 016 ***150.00

DOCUMENT # P96000092670

1. Entity Name

CALDWELL'S BAR B Q & GRILL, INC.

Principal Place of Business

**7081 GULF BLVD.
 ST. PETE BEACH FL 33706**

Mailing Address

**7081 GULF BLVD.
 ST. PETE BEACH FL 33706**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3407911**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HENRY, GLENN
 117 BOCA LIRGA DR
 SAINT PETERSBURG FL 33708**

7. Name and Address of New Registered Agent

Name **Henry, Glenn**

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

9423 Sarazen Place

City **Palmetto**

FL

Zip Code **34221**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/01

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 **VP** ☐ Delete
 NAME **HENRY, LOIS**
 STREET ADDRESS **117 BOCA CIEGA DR**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33708**

TITLE **P** ☐ Delete
 NAME **HENRY, GLENN**
 STREET ADDRESS **117 BOCA CIEGA DR**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33708**

TITLE **S** ☐ Delete
 NAME **KELLEY, CAMILLE**
 STREET ADDRESS **11444 ATTINGHAM CT**
 CITY-ST-ZIP **MANASSAS VA 20111**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9423 Sarazen Place**
 CITY-ST-ZIP **Palmetto, FL 34221**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9423 Sarazen Place**
 CITY-ST-ZIP **Palmetto, FL 34221**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01 727-363-6313

Date

Daytime Phone #

CR2E034 (10/00)