

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031305

1. Entity Name

BOSS HOG RIBS, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90030 003 ***150.00

Principal Place of Business

Mailing Address

43 STREET
PARK FL 33781

P.O. BOX 415
ST PETERSBURG FL 33731-0415
6511 43RD ST. #1812
PINELLAS PARK, FLA 33781

U U U U U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6511 43RD ST PINELLAS PARK
Suite, Apt. #, etc.
1812

6511 43 STREET
Suite, Apt. #, etc.
1812

City & State
PINELLAS PARK, FL
Zip
33781

City & State
PINELLAS PARK, FL
Zip
33781

4. FEI Number 59-3414708

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUTLAND, NANCY E
1333 SNELL ISLE BOULEVARD N.E.
#125
ST PETERSBURG FL 33704

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.

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p><input type="checkbox"/> Delete</p> <p>D RUTLAND, THOMAS H P.O. BOX 415 ST PETERSBURG FL 33731</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>
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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 without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)