

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031305

1. Entity Name

BOSS HOG RIBS, INC.

Principal Place of Business

6511 43 STREET  
#1812  
PINELLAS PARK FL 33781

Mailing Address

6511 43 STREET  
#1812  
PINELLAS PARK FL 33781

2. Principal Place of Business

6511 43 STREET

3. Mailing Address

6511 43 STREET

Suite, Apt. #, etc.

#1812

Suite, Apt. #, etc.

#1812

City & State

PINELLAS PARK FLA

City & State

PINELLAS PARK FLA

Zip

33781

Country

USA

Zip

33781

Country

USA

6. Name and Address of Current Registered Agent

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

4. FEI Number 59-3414708

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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.

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RUTLAND, THOMAS H  
P.O. BOX 415  
ST PETERSBURG FL 33731

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RUTLAND, THOMAS  
6511 43 STREET  
PINELLAS PARK FL 33731

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)