

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081368

1. Entity Name
B.J. WOLFGANG INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90113 022 ***150.00

Principal Place of Business
1500 BAY RD
SUITE #916
MIAMI BCH FL 33139

Mailing Address
1500 BAY RD
SUITE #916
MIAMI BCH FL 33139

80043429



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
751 Pinellas Bayway
Suite, Apt. #, etc.
Suite # 103

3. Mailing Address
751 Pinellas Bayway
Suite, Apt. #, etc.
Suite # 103

City & State
TIERRA VERDE, FL
Zip
33715
Country
Pinellas

City & State
TIERRA VERDE, FL
Zip
33715
Country
Pinellas

4. FEI Number 59-3407556
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFGANG, BARBARA
1500 BAY RD
#916
MIAMI BCH FL 33139

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
751 Pinellas Bayway, # 103
City TIERRA VERDE FL Zip Code 33715

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 Barbara Wolfgang President DATE 4-23-01
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
	WOLFGANG, BARBARA	1500 BAY RD #437	MIAMI BCH FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		751 Pinellas Bayway, # 103	TIERRA VERDE, FL 33715	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Barbara Wolfgang DATE 4-23-01 DAYTIME PHONE # 727-244-8640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR