2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address
400 S SEAGULL CIRCLE ...

BAREFOOTBAY FL 32976

DOCUMENT # **P98000097574**

1. Entity Name

Principal Place of Business 400 S SEAGULL CIRCLE

BAREFOOTBAY FL 32976

BLUEGRASSER ENTERPRISES, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90253 030 ***150.00

90002471	90	00	24	71
----------	----	----	----	----

(10/02)

2. Principal Place of Business 3. Mailing Address 616 ROYAL TERN DR 616 ROYAL TERN DR Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number BAREFOOT BAY, FL 65-0877222 Applied For BAREFOOT BAY, FL Not Applicable Country \$8.75 Additional 32976 32976 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent WILSON, WILLIAM B WILLIAM BWILSON 400 S SEAGULL CIRCLE 6 16 ROYAL TERN DR Street Address (P.O. Box Number is Not Acceptable) BAREFOOT BAY, FL 32976 BAREFOOTBAY FL-32976 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. I am familiar with, and accept 1/12/03 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00. May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Wilson, William B Change Addition NAME NAME 400 S SEAGULL CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BAREFOOTBAY FL 32976 CITY-ST-ZIP DTS TITLE Delete TITLE WILSON, JOYCE C Change Addition NAME HELENE P. REARDON 616 ROYAL TERN DR. NAME 400 S SEAGULL CIRCLE STREET ADDRESS STREET ADDRESS BAREFOOT BAY FL 32976 CITY-ST-ZIP CITY-ST-ZIP BARGFOOT BAY, FL 32976 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

12. 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITI F

NAME

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

SIGNATULE LAND 15 Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Defete

1/12/03

772-664-4981

Change

☐ Addition

☐ Addition

Daytime Phone