

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90050 027 ***150.00

DOCUMENT # S45602

1. Entity Name
BLUEGRASS MOVEMENT, INC.



Principal Place of Business
**1501 S ANDREWS AVE
FT LAUDERDALE FL 33326
US**

Mailing Address
**1501 S ANDREWS AVE
FT LAUDERDALE FL 33326
US**

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
65-0255826

Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BLACK, SANDY R
1002 EAST LAS OLAS BLVD.
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **BLACK, SOUNDRA R.**
Street Address (P.O. Box Number is Not Acceptable)
1501 S. ANDREWS AVE
City **FT. LAUDERDALE, FL** Zip Code **33316**

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 the obligations of registered agent.

SIGNATURE *Soundra R Black*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-8-03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BLACK, SANDY**
STREET ADDRESS **1501 S ANDREWS AVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **BLACK, SOUNDRA R.**
STREET ADDRESS **1501 S. ANDREWS AVE**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SOUNDRA R BLACK*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03 954-524-8666
Date Daytime Phone #

CR2E034 (10/02)