

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90358 028 ***150.00

UBR03177 AV

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1. Entity Name
DUVAL BBQ 2, INC.

Principal Place of Business
2531 NW 41 ST., BLDG. D
GAINESVILLE FL 32065

Mailing Address
2531 NW 41 ST., BLDG. D
GAINESVILLE FL 32065



2. Principal Place of Business
2605 SW 33rd St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#200

SAME

CHECK HERE IF MAKING CHANGES

City & State
Ocala FL

City & State

4. FEI Number 01-0549836

Applied For
Not Applicable

Zip 34474 Country Marion

Zip Country

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

KIRKPATRICK, KENNETH B
1320 SE 25 LOOP, STE. 101
OCALA FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SAME

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/20/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME KIRKPATRICK, KENNETH B
STREET ADDRESS 1320 SE 25TH LOOP SUITE 101
CITY-ST-ZIP Ocala FL 34471

TITLE Change Addition
NAME *[Handwritten]*
STREET ADDRESS → 2605 SW 33rd St #200
CITY-ST-ZIP → Ocala FL 34474

TITLE ST Delete
NAME DIXON, WESLEY E JR
STREET ADDRESS PO BOX 1333
CITY-ST-ZIP MCINTOSH FL 32664

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 (352) 369 9881
Date Daytime Phone #

CR2E034 (10/02)