

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90088 013 \*\*\*150.00

**DOCUMENT # P97000047806**



1. Entity Name  
**BBQ INVERNESS, INC.**

Principal Place of Business  
**750 W MAIN ST  
INVERNESS FL 34450**

Mailing Address  
**2107 SE 3RD AVE  
#3  
OCALA FL 34471**



2. Principal Place of Business

3. Mailing Address  
**2605 SW 33rd Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Building 200**

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**Ocala, FL**

4. FEI Number **59-3450000-0563**

Applied For  
Not Applicable

Zip

Country

Zip  
**34474**

Country  
**USA**

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, SANDRA K  
6895 SW 18TH TERRACE RD  
OCALA FL 34476**

Name  
**S. Kaye Kirkpatrick**  
Street Address (P.O. Box Number is Not Acceptable)  
**2000 SW 43rd Place**  
City **Ocala** FL Zip Code **34474**

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: (NOTE: Registered Agent signature required when reinstating) 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>KIRKPATRICK, JOHN W III</b><br><b>2531 NW 41ST ST #D</b><br><b>GAINESVILLE FL 32606</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D/T</b><br><b>S203 NW 49th Lane</b><br><b>Gainesville, FL 32653</b>                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>DIXON, WESLEY</b><br><b>P O BOX 133 N/A</b><br><b>MCINTOSH FL 32664</b>                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>A/VA</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>KIRKPATRICK, SANDRA K</b><br><b>6895 SW 18TH TERRACE RD</b><br><b>OCALA FL 34476</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>O/A</b><br><b>S. Kaye Kirkpatrick</b><br><b>2000 SW 43rd Place</b><br><b>Ocala, FL 34474</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SEC</b><br><b>KIRKPATRICK, KENNETH</b><br><b>PO BOX 2495</b><br><b>OCALA FL 34478</b>               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>O/Sec</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>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: **3/5/03** **852-620-2514**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

ATTACHMENT

90083538

DATE OF THIS NOTICE: 06-16-97  
NUMBER OF THIS NOTICE: CP 575 A  
EMPLOYER IDENTIFICATION NUMBER: 59-3450563  
FORM: SS-4  
0725627309 B

BBQ INVERNESS INC  
3550 SE 25TH AVE  
OCALA FL 34471

FOR ASSISTANCE CALL US AT:  
354-1760 LOCAL JACKSONVILLE  
1-800-829-1040 OTHER FL

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)**

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 59-3450563. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within five to six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

|           |          |
|-----------|----------|
| Form 941  | 04/30/98 |
| Form 1120 | 03/15/98 |
| Form 940  | 01/31/99 |

If the due date has passed please complete the form and send it to us by 07-01-97. If we don't receive the form by that date additional penalties and interest will be charged. If you weren't in business or didn't hire employees for the tax period shown, please file the form showing that you have no liability.

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have any questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

Thank you for your cooperation.