

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90178 014 \*\*\*150.00

**DOCUMENT # P98000073652**



1. Entity Name  
**BIG JOHN'S FOOD INC.**

Principal Place of Business  
**2825 BUSINESS CENTER BLVD  
SUITE B-3  
MELBOURNE FL 32940**

Mailing Address  
**P.O. BOX 410648  
MELBOURNE FL 32941**



2. Principal Place of Business  
**11651 Robert J. Conlan Blvd**

3. Mailing Address  
**PO BOX 60547**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Palm Bay, FL**

City & State  
**Palm Bay, FL**

Zip  
**32905** Country  
**USA**

Zip  
**32906** Country  
**USA**

4. FEI Number  
**65-0861286**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MURRAY, JOHN S  
5011 DIXIE HWY NE  
APT A-101  
PALM BAY FL 32905**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

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	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>MURRAY, JOHN S</b>	
STREET ADDRESS <b>5011 DIXIE HWY NE</b>	
CITY-ST-ZIP <b>PALM BAY FL 32905</b>	
TITLE <b>V</b>	<input type="checkbox"/> Delete
NAME <b>MURRAY, LILLY S</b>	
STREET ADDRESS <b>5011 DIXIE HWY NE</b>	
CITY-ST-ZIP <b>PALM BAY FL 32905</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

1/21/03 321-723-7200

CR2E034 (10/02)