

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006367

1. Entity Name
BIG MAN'S SMOKIN' B-B-Q INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90102 038 ***150.00

Principal Place of Business Mailing Address
4440 TRENTON DRIVE, NORTH JACKSONVILLE FL 32209 **4440 TRENTON DRIVE, NORTH JACKSONVILLE FL 32209-1516**

2. Principal Place of Business 3. Mailing Address
6266 Cranberry Lane W **Same**
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Jacksonville, FL **Jacksonville, FL**
Zip Country Zip Country
32244 **USA**



DO NOT WRITE IN THIS SPACE

4. FEL Number Applied For
59-3542986 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEWIS, SANDRA
4440 TRENTON DRIVE, NORTH JACKSONVILLE FL 32209

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P SANDRA LEWIS 6266 Cranberry Lane W JACKSONVILLE, FLORIDA 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete OWNER WILLIAM P. LEWIS JR 6266 CRANBERRY LANE W JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Sandra Lewis** **Sandra Lewis** Date: **4/29/00** Daytime Phone #: **904-739-4063**

CR2E034 (9/99)