

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90078 033 \*\*\*150.00

0118266  
 AV

**DOCUMENT # 237225**

1. Entity Name  
**FAT BOYS' BAR-B-Q, INC.**

Principal Place of Business  
**356 BARRELLO LANE**  
**COCOA BEACH FL 32931-3664**

Mailing Address  
**356 BARRELLO LANE**  
**COCOA BEACH FL 32931-3664**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**356 Barrello Lane**  
 Suite, Apt. #, etc.

3. Mailing Address  
**356 Barrello Lane**  
 Suite, Apt. #, etc.

City & State  
**Cocoa Bch FL**

City & State  
**Cocoa Bch FL**

4. FEI Number  
**59-0902658**

Applied For  
 Not Applicable

Zip  
**32931** Country  
**USA / Broward**

Zip  
**32931** Country  
**USA / Broward**

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

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

**WILSON, JEANNE**  
**356 BARRELLO LANE**  
**COCOA BEACH FL 32931-3664**

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

Name  
**JEANNE D. Wilson**  
 Street Address (P.O. Box Number is Not Acceptable)  
**356 Barrello Lane**  
 City  
**Cocoa Bch FL FL** Zip Code  
**32931**

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, 2002 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  
**ST**  
 NAME  
**WILSON, JEANNE**  
 STREET ADDRESS  
**356 BARRELLO LANE**  
 CITY-ST-ZIP  
**COCOA BEACH FL 32931-3664** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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: **JEANNE D. Wilson**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-28-02** **321**  
**783-6496**  
 Date Daytime Phone #

CR2E034 (9/01)