

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90123 017 ***150.00

DOCUMENT # P00000006617



1. Entity Name
TERRELL'S BAR-B-QUE, INC.

Principal Place of Business
**1131 NE 16TH AVE
GAINESVILLE FL 32609**

Mailing Address
**14630 NE 112 CT
FT MCCOY FL 32134**



2. Principal Place of Business
1131 N.E. 16th Ave

3. Mailing Address
12551 N.E. 25th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Gainesville FL

City & State
Sparr FL

4. FEI Number **59-3626975**

Applied For
☐ Not Applicable

Zip **32609** Country **Alachua**

Zip **32617** Country **MARON**

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

**BEARD, TERRELL
14630 N.E. 112TH COURT
FORT MCCOY FL 32134-2460**

Name **Terrell BEARD**
Street Address (P.O. Box Number is Not Acceptable)
12551 N.E. 25th Ave
City **Sparr** FL Zip Code **32617**

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 **LESIA BEARD, Owner/President**
Signature, typed or printed name of registered agent and title if applicable

3-27-03
DATE

(NOTE: Registered Agent signature required when reinstating)

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 **BEARD, LESIA D**
STREET ADDRESS **14630 NE 112 CT**
CITY-ST-ZIP **FT MCCOY FL 32134**

TITLE **P** ☒ Change ☐ Addition
NAME **BEARD, LESIA D**
STREET ADDRESS **12551 NE 25th Ave**
CITY-ST-ZIP **Sparr, FL 32617**

TITLE **V** ☒ Delete
NAME **BEARD, TERRELL**
STREET ADDRESS **14630 NE 112 CT**
CITY-ST-ZIP **FT MCCOY FL 32134**

TITLE **V** ☒ Change ☐ Addition
NAME **BEARD, TERRELL**
STREET ADDRESS **12551 N.E. 25th Ave**
CITY-ST-ZIP **SPARR, FL 32617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-03 352-236-0621
Date Daytime Phone #

CR2E034 (10/02)