2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000059082

Mailing Address

6911 VISTA PARKWAY NORTH

1. Entity Name

MARTINS BBQ, INC.

Principal Place of Business

6911 VISTA PARKWAY NORTH



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

04-14-2003 90377 007 ***150.00

WEST PALM BEACH FL 33-4111 US 2. Principal Place of Business			WEST PALM BEACH FL 33-4111 US 3. Mailing Address									
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Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number 65-1018182 Applied For Not Applicable				
Zip Country		Zip		Cour	Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	Register	ed Agent	<u> </u>			Name and Address of New Registe	red Ag	ent		
		Section of the section of		riger alles in long-less to		Name		Frank and by an in the property of the proper				
WALKER, MICHAEL B ESQ				Street Address			ess (P.O. B	(P.O. Box Number is Not Acceptable)				
777 BRICKELL AVENUE SUITE 900				Guesty isolog								
SUN TRU	ST BUILDIN	G										
MIAMI FL 33131							•••		FL	Zip Code	,	
8. The above	named entit	y submits this statement for	r the purp	oose of changing its	s register	ed office or reg	gistered ag	ent, or both, in the State of Florida.	l am far	niliar with, a	and accept	
	tions of regist											
SIGNATURE		•										
SIGNATORE	'Signature, typed	or printed name of registered agent a	and title if app	olicable. (NOT	E: Registere	ed Agent signature re	equired when re	einstating) D	ATE			
Ě	ILE NOW!	! FEE IS \$150.00						9. Election Campaign Financing	~	¢E O	n	
After May 1, 2003 Fee will be \$550.00								Trust Fund Contribution.	y		May Be to Fees	
Make Check	k Payable to	Florida Department of	State									
10.	OFFICERS AND DIRECTORS				11.		AD	DITIONS/CHANGES TO OFFICERS				
TITLE	D			☐ Delete		TITLE			L	Change	Addition	
NAME OTREE ADDRESS		, JERRY W			NAM	eet address					Ì	
STREET ADDRESS CITY-ST-ZIP				•		'-ST-ZIP)	
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NAME	WILLIAMS	J. TODD		Delete	NAM				•			
STREET ADDRESS		A PARKWAY NORTH			STR	EET ADDRESS						
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NAME	WILLIAMS				NAM							
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12. I hereby certify that the information supplied with this filling 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 of suppliemental report is thue 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 trusted 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 appears with all parter.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

> REGUIRED NINTED NAME OF SIGNING OFFICER OR DIRECTOR