

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90071 016 ***150.00

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1. Entity Name

K. CORR BAR-B-Q MANAGEMENT, INC.



Principal Place of Business

**3700 SW 7TH STREET
OCALA FL 34474**

Mailing Address

**3700 SW 7TH STREET
OCALA FL 34474**

2. Principal Place of Business

1515 DUNLAWTON AVENUE

3. Mailing Address

1515 DUNLAWTON AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

PORT ORANGE FL

City & State

PORT ORANGE FL

4. FEI Number

59-3658863

Applied For

Not Applicable

Zip

32127

Country

USA

Zip

32127

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORR, KEVIN J
3700 SW 7TH STREET
OCALA FL 34474**

7. Name and Address of New Registered Agent

Name
CORR, KEVIN J.
Street Address (P.O. Box Number is Not Acceptable)
**3003 SOUTH ATLANTIC AVENUE
16A1
DAYTONA BEACH SHORES FL 32118**

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 *Kevin J. Corr*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/11/03
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 **D** ☐ Delete
NAME **CORR, KEVIN J**
STREET ADDRESS **3700 SW 7TH STREET**
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3003 SOUTH ATLANTIC AVENUE 16A1**
CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

TITLE ☐ Change ☐ Addition
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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:

Kevin J. Corr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03
Date

386-767-6978
Daytime Phone #

CR2E034 (10/02)