


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2003 8:00 am**  
**Secretary of State**

03-25-2003 90070 032 \*\*\*150.00

**DOCUMENT # P00000069202**

1. Entity Name  
**VOLUSIA BAR-B-Q. INC.**



Principal Place of Business  
**3700 S.W. 7TH STREET  
OCALA FL 34474**

Mailing Address  
**3700 S.W. 7TH STREET  
OCALA FL 34474**



2. Principal Place of Business  
**1500 INTERNATIONAL SPEEDWAY**

3. Mailing Address  
**1515 DUNLAWTON AVENUE**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**DAYTONA BEACH FL**

City & State  
**PORT ORANGE FL**

Zip  
**32114**

Country  
**USA**

Zip  
**32127**

Country  
**USA**

4. FEI Number  
**59-3658865**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORR, KEVIN J**  
**3700 S.W. 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**

City  
**DAYTONA BEACH SHORES FL**

Zip Code  
**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* (NOTE: Registered Agent signature required when reinstating)

DATE **2/11/03**

**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 NAME STREET ADDRESS CITY-ST-ZIP	DPST CORR, KEVIN J 3700 SW 7TH STREET OCALA FL 34474	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3003 SOUTH ATLANTIC AVE 16A1 DAYTONA BEACH SHORES FL 32118	<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
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

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 REQUIRED

DATE: **2/11/03** DAYTIME PHONE #: **386-767-6978**

CR2E034 (10/02)