

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90517 010 ***150.00

DOCUMENT # P00000091012

1. Entity Name
DUVAL BBQ, INC.



Principal Place of Business
2531 NW 41ST ST, BUILDING D
GAINESVILLE FL 32605

Mailing Address
2531 NW 41ST ST, BUILDING D
GAINESVILLE FL 32605



2. Principal Place of Business

3. Mailing Address

2605 SW 33rd St

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

SAME

City & State

Ocala FL

City & State

4. FEI Number

59-3680846

Applied For

Not Applicable

Zip

34474

Country

MARION

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRKPATRICK, KENNETH B
1320 SE 25TH LOOP STE 101
OCALA FL 34471

Name

Kenneth B Kirkpatrick

Street Address (P.O. Box Number is Not Acceptable)

2605 SW 33rd St #200

City

Ocala

FL

Zip Code

34474

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKPATRICK, JOHN W III	
STREET ADDRESS	2531 NW 41ST ST, BUILDING D	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRKPATRICK, JOHN W IV	
STREET ADDRESS	2531 NW 41ST ST, BUILDING D	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLINGER, WILLIAM D	
STREET ADDRESS	2700-A NW 43RD ST	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOBURN, ROBERT	
STREET ADDRESS	6440 W NEWBERRY RD #106	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, WESLEY	
STREET ADDRESS	2531 NW 41ST ST, BUILDING D	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKPATRICK, KENNETH B	
STREET ADDRESS	2531 NW 41ST, BLDG D	
CITY-ST-ZIP	GAINESVILLE FL 32606	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec/Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	wesley Dixon	
STREET ADDRESS	PO Box 1333	
CITY-ST-ZIP	McIntosh FL 32664	
TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth B. Kirkpatrick	
STREET ADDRESS	PO Box 2495	
CITY-ST-ZIP	Ocala FL 34478	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03

Date

(352) 369-9881

Daytime Phone #

CR2E034 (10/02)