

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-27-2003 90517 014 ***150.00

DOCUMENT # P00000103466

1. Entity Name
DUVAL BBQ MANAGEMENT, INC.



Principal Place of Business
**2531 NW 41ST ST BLDG D
GAINESVILLE FL 32605**

Mailing Address
**2531 NW 41ST ST BLDG D
GAINESVILLE FL 32605**



2. Principal Place of Business
2605 SW 33rd St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#200

City & State
Ocala FL

City & State

SAME

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3680845

Applied For
Not Applicable

Zip
34474

Country
Marion

Zip

Country

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

**KIRKPATRICK, KENNETH B
1320 SE 25TH LOOP
SUITE 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 *Kenneth B Kirkpatrick* **Kenneth B Kirkpatrick** 1/20/03
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 NAME STREET ADDRESS CITY-ST-ZIP	D KIRKPATRICK, JOHN W III 2531 NW 41ST ST. BLDG D GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKPATRICK, PEGGY B III 2531 NW 41ST ST. BLDG D GAINESVILLE FL 32605	<input checked="" 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	Pres Kenneth B Kirkpatrick PO Box 2495 Ocala FL 34478	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Tres. Wesley E. Dixon PO Box 1333 McIntosh, FL 32664	<input checked="" 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: *Kenneth B Kirkpatrick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 (352) 369 9881
Date Daytime Phone #

CR2E034 (10/02)