

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000014143**

1. Entity Name  
**PORT ORANGE BAR-B-Q, 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.

City & State

**Port Orange FL**

City & State

**Port Orange FL**

Zip **32127**

Country **USA**

Zip **32127**

Country **USA**

4. FEI Number

**59-7201006**

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 SW 7TH STREET  
OCALA FL 34474**

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

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/11/03 386-767-6978**

Date Daytime Phone #

CR2034 (10/02)