

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

DOCUMENT # **PA1000038287**

1. Entity Name

**Uncle Jonas Famous Bar. B.Q. Inc.**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90525 001 \*\*\*300.00

2. Principal Place of Business

**1370 E. Altamonte Drive**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Altamonte Springs FL**

City & State

Zip

County

**32701**

**Seminole**

4. FEI Number

**59-3112675**

Applied For

5. Certificate of Status Desired ☐ **Not Applicable**

Fee Required

7. Name and Address of Current Registered Agent

Name

**Lucinda Brookover**

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

**1370 E. Altamonte Dr.**

**Altamonte Springs**

**FL**

**32701**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE **Lucinda Brookover**

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

**Lucinda Brookover**

(NOTE: Registered Agent signature required when reinstating)

**04-26-2002**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00  
After May 1 - Fee is \$350.00

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **President**  
NAME **Henry Jones**  
STREET ADDRESS **1370 E. Altamonte Dr.**  
CITY-ST-ZIP **Altamonte Springs, FL 32701**

TITLE **Agent**  
NAME **Lucinda Brookover**  
STREET ADDRESS **1370 E. Altamonte Dr.**  
CITY-ST-ZIP **Altamonte Springs, FL 32701**

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Lucinda Brookover** **Lucinda Brookover**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-26-2002**

**407-260-2249**

Date

Daytime Phone #

CR2E034B (12/01)