

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90071 039 \*\*\*150.00

**DOCUMENT # P02000008025**

1. Entity Name  
**BBQK, INC.**



Principal Place of Business  
**2107 SE 3RD AVE.  
OCALA FL 34471**

Mailing Address  
**2107 SE 3RD AVE.  
OCALA FL 34471**



2. Principal Place of Business  
**2605 SW 33rd Street**

3. Mailing Address  
**2605 SW 33rd Street**

Suite, Apt. #, etc.  
**Building 200**

Suite, Apt. #, etc.  
**Building 200**

City & State  
**Ocala, FL**

City & State  
**Ocala, FL**

Zip  
**34474**

Country  
**USA**

Zip  
**34474**

Country  
**USA**

4. FEI Number  
**75-3087115**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KIRKPATRICK, SANDRA KAYE  
2107 SE 3RD AVE.  
OCALA FL 34471**

7. Name and Address of New Registered Agent

Name  
**S. Kaye Kirkpatrick**  
Street Address (P.O. Box Number is Not Acceptable)  
**2020 SW 43rd Place**

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)

**3/5/03**  
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. **(President)** OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S. Kaye Kirkpatrick  
2020 S.W. 43rd place  
Ocala, FL 34474** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: ~~SIGNATURE REQUIRED~~**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/03 352-620-2514**  
Date Daytime Phone

CR2E034 (10/02)