

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

3/2

03-24-2003 90191 021 ***150.00

DOCUMENT # P02000033240

1. Entity Name
NORMANDY BAR-B-Q, INC.



Principal Place of Business
**6900 BONNEVAL ROAD
SUITE 101
JACKSONVILLE FL 32216**

Mailing Address
**6900 BONNEVAL ROAD
SUITE 101
JACKSONVILLE FL 32216**



2. Principal Place of Business

**4745 SUTTON PK CT
SUITE, Apt. #, etc.
301**

3. Mailing Address

SAME
SUITE, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE, FL

City & State

Zip
32224 Country
DUVAL USA

4. FEI Number
03-0426102

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLS, JAMES W JR.
203 N. ROSCOE BLVD.
PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 MILLS, JAMES W JR. 203 N. ROSCOE BLVD. PONTE VEDRA BEACH FL 32083 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 R. J. M. [Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-02 900-9920556
Date Daytime Phone #

CR2E034 (10/02)