FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91838 029 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000044187

1. Entity Name
ALBERT'S REAL PIT BBQ INC.

Principal Place of Business	Mailing Address
9777 BEACH BLVD. JACKSONVILLE, FL 32246	9777 BEACH BLVD. JACKSONVILLE, FL 32246

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 33-0999114 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALBERT, HERBERT B
2915 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name: Albert, Claudia S.
Street Address (P.O. Box Number is Not Acceptable): 2915 Southside Blvd.
City: Jacksonville FL Zip Code: 32216

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: Claudia S. Albert   3-21-03
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	PD ALBERT, HERBERT B 2915 SOUTHSIDE BLVD. JACKSONVILLE, FL 32216	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALBERT, CLAUDIA S. 2915 SOUTHSIDE BLVD. JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Claudia S. Albert   3-21-03   (904)645-9807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/02)