

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91326 039 ***150.00

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

DOCUMENT # P93000020802

1. Entity Name
BONO'S PIT BAR-B-Q, INC.



Principal Place of Business
 P.O. BOX 47876
 JACKSONVILLE, FL 32247-7876 US

Mailing Address
 P.O. BOX 47876
 JACKSONVILLE, FL 32247-7876 US

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

59-3191740

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SAFFELL, PAUL
 8923 WESTERN WAY
 JACKSONVILLE, FL 32256

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

Registered, typed or printed name of signatory and title and City if Applicable.

(NOTE: Registered Agent's signature required when changing)

DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	DAVIS, T W	NAME	
STREET ADDRESS	1910 SAN MARCO BLVD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	SAFFELL, PAUL K	NAME	
STREET ADDRESS	8923 WESTERN WAY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 507, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 (904) 543-9041
 Date Daytime Phone

OFFCS4 (10/02)