## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # P9300 BBQ, INC.	00064922					, 2002 tary of 02 90102 012	f Sta	ate	
Principal Plac	e of Business	Mailing Address								
2005 N. ATLANTIC AVENUE 2005 N. ATLANTIC AVENUE COCOA BEACH FL 32931 COCOA BEACH FL 32931										
COCOA BEAC	л гс 32 <del>3</del> 31	COCON BENOTITE 0230	•			# 10011001 HE 1012 HE 1811 FE	<b>48</b> 71/ <b>48</b> 11/ <b>48</b> 11 <b>/ 4</b> 111/			
Principal Place of Business     3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State				4. FEI Number 59-3199497 Applied For				
Zip Country		Zip Country		try		5. Certificate of Status Desired	□ \$8	3.75 Add		
	6. Name and Address of Current	Desistered Agent	<u> </u>	Ι''		7. Name and Address of New	— Fee	e Required	d	
DADEONIC DANIEL D						ame Ronald C. Emmons II treet Address (P.O. Box Number is Not Acceptable) 2005 N. ATC AUG . ity				
SIGNATURE .	Signature, typed or printed name of registered agent or ation, is eligible to satisfy its Intangible requirement and elects to do so.	and title if applicable. (NOT	E: Registere	d Agent signati .IS \$150.0 will be \$5	ore required v	when reinstating)	DATE	Section 2	他的爱人生。使	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARSONS, DANIEL R 1185 TWO OAKS BLVD MERRITT ISLAND FL 32952	Delete			113 1	IID C EMMONS! IA DE LA ROINA PLITT ISIAND PC 32	II 952	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PARSONS, LORI F 1185 TWO OAKS BLVD MERRITT ISLAND FL 32952	Delete			113 V	ST EMMONS 11A DE LA REINA RITT DIAND FL 3		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAM STRE	E EET ADDRESS -ST-ZIP	<u> </u>			}-Ch <del>ange</del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						] Change	Addition	
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 Block 12 if changed, or on an attachment with an address with all other like empowered.  SIGNATURE:  SIGN										

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #