

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034388

1. Entity Name

SMOKEY JOE'S BAR-B-QUE, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90057 036 ***150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 102
 LAKE WORTH FL 33406
 US

POST OFFICE BOX 102
 LAKE WORTH FL 33460-0102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0580260

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHALLOWAY, C M ESQ.
 1665 PALM BEACH LAKES BLVD.
 OG SUITE 1003
 WEST PALM BEACH FL 33401-2109

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See Chapter 206, F.S.) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME BLANCHARD, GREGORY B
 STREET ADDRESS 1372 94TH RD. N
 CITY-ST-ZIP LAKELAND FL 33470

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

TITLE ☐ Delete
 NAME KEELER, SUSAN A
 STREET ADDRESS 1372 94TH RD. N
 CITY-ST-ZIP LAKELAND FL 33470

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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:

Gregory B. Blanchard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 President

Date

Daytime Phone #

4-19-00 561-798-5206

CR2E034 (9/99)