

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005045

1. Entity Name

B & T'S COUNTRY LUNCHBOX, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90068 012 ***150.00

Principal Place of Business

696 N. FEDERAL HIGHWAY
 POMPANO BEACH FL 33062

Mailing Address

~~900 E ATLANTIC BLVD~~
~~STE 17~~
 POMPANO BEACH FL 33060-7371
~~US~~

2. Principal Place of Business

3. Mailing Address

896 N. Fed Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Bch FL

4. FEI Number

65-0632558

Applied For

Not Applicable

Zip

Country

33062

Country

USA

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

Name

ALAN D. STUPARETZ

Street Address (P.O. Box Number is Not Acceptable)

900 E ATLANTIC BLVD

STE 17

City

POMPANO BCH FL

Zip Code

33060

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]

5-1-00

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 criteria on back) ☐

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	PD	<input type="checkbox"/> Delete
NAME	SHRIVER, KIMBERLY	
STREET ADDRESS	4887 KIM COURT	
CITY-ST-ZIP	DOUGLASVILLE GA 30135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00

CR2E034 (9/99)