

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90345 048 ***150.00

DOCUMENT # P96000014835

1. Entity Name
BAR-B-Q EXCHANGE, INC.

Principal Place of Business
**25 CYPRESS EDGE DRIVE
PALM COAST FL 32137**

Mailing Address
**P.O. BOX 1230
FLAGLER BEACH FL 32136**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3360569**

Applied For
☐ Not Applicable

Zip Country

Zip Country

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

**CHIUMENTO, MICHAEL D ESQ.
4 OLD KINGS ROAD NORTH
PALM COAST FL 32137**

Name **Mark P. Stanton**
Street Address (P.O. Box Number is Not Acceptable)
3424 St. Johns Ave.
City **Palatka FL** Zip Code **32177**

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 *Mark P. Stanton* **Mark P. Stanton** **March 18, 2002**
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, 2002 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 **D** ☐ Delete
NAME **MCHAB, JAMES M JR**
STREET ADDRESS **428 S. ORLANDO AVE, STE C**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **519 Steeplechase Lane**
CITY-ST-ZIP **Melbourne, FL 32940**

TITLE **D** ☐ Delete
NAME **AYRAY, CURTIS A**
STREET ADDRESS **1663 SILVERADO DR.**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

TITLE **D** ☐ Delete
NAME **STANTON, MARK P**
STREET ADDRESS **P.O. BOX 459 N/A**
CITY-ST-ZIP **PALATKA FL 32178**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3424 St. Johns Ave.**
CITY-ST-ZIP **Palatka, FL 32177**

TITLE **D** ☐ Delete
NAME **MCNAB, JAMES M**
STREET ADDRESS **P.O. BOX 1230 N/A**
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1328 South A1A**
CITY-ST-ZIP **Flagler Beach, FL 32136**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Mark P. Stanton* **Mark P. Stanton** **March 18, 2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0015632 AV

CR2E034 (9/01)