

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90166 027 ***150.00

0631295 AT

DOCUMENT # P96000018533

1. Entity Name
BLOODWORTH BROTHERS RESTAURANTS, INC.



Principal Place of Business
**316 MEXICAN DRIVE
CROSS CITY FL 32628**

Mailing Address
**PO BOX 2550
CROSS CITY FL 32628**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3379598**

Applied For
 Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLOODWORTH, JOHN R
316 MEXICAN DR
CROSS CITY FL 32628**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLOODWORTH, JOHN R	
STREET ADDRESS	11 STREET EAST	
CITY-ST-ZIP	HORSESHOE BEACH FL 32628	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BLOODWORTH, MELANIE	
STREET ADDRESS	11 EAST STREET	
CITY-ST-ZIP	HORSESHOE BEACH FL 32628	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BLOODWORTH, JOHN R	
STREET ADDRESS	11 STREET EAST	
CITY-ST-ZIP	HORSESHOE BEACH FL 32648	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BLOODWORTH, MELANIE	
STREET ADDRESS	11 STREET EAST	
CITY-ST-ZIP	HORSESHOE BEACH FL 32648	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	John Mackay Bloodworth	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	214 Butler Rd	
STREET ADDRESS	Millidgeville, GA 31061	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 607, 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:

John Mackay Bloodworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03
Date

352-498-7500
Daytime Phone #

CR2E034 (10/02)