

2000 UNIFORM BUSINESS REPORT

DOCUMENT # P97000000594

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90050 041 ***150.00

1. Entity Name

SKEET'S BAR-B-Q, INC.

Principal Place of Business

14405 HWY 40 WEST
 OCALA FL 34481

Mailing Address

14405 HWY 40 WEST
 OCALA FL 34481-5250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

20430 EAST PENN. AVENUE

8440 SW 202 AVE

City & State

City & State

DUNNELLON FLORIDA

DUNNELLON FLORIDA

Zip

Zip

34431

Country

Country

UNITED STATES

UNITED STATES

6. Name and Address of Current Registered Agent

EGAN, CHRIS S
 20761 CHESTNUT ST.
 DUNNELLON FL 34431

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 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 ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D HILL, NEIL
 14405 HWY 40 WEST
 OCALA FL 34481

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TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Add

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 12, as applicable, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 27 00

Date

352 4896
 Daytime Phone #