

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90104 035 ***150.00

DOCUMENT # P97000019061

1. Entity Name
O.S. B-B-Q, INC.



Principal Place of Business

2531 N.W. 41ST ST

BLDG D

GAINESVILLE FL 32606

Mailing Address

2531 N.W. 41ST ST

BLDG D

GAINESVILLE FL 32606



2. Principal Place of Business

2605 SW 33rd St

3. Mailing Address

2605 SW 33rd St

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

#200

City & State

Ocala FL

City & State

Ocala FL

Zip

34474

Country

Marion

Zip

34474

Country

Marion

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3431613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRKPATRICK, JOHN W III

2531 N.W. 41ST ST.

BLDG D

GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

Kenneth B Kirkpatrick

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

2605 SW 33rd Street

#200

City

Ocala

FL

Zip Code

34474

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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

Kenneth B Kirkpatrick
(NOTE: Registered Agent signature required when reinstating)

1/20/03
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

TITLE: D ☐ Delete
NAME: KIRKPATRICK, JOHN W III
STREET ADDRESS: 2531 N.W. 41ST ST
CITY-ST-ZIP: GAINESVILLE FL 32606

TITLE: D ☐ Delete
NAME: OLINGER, WILLIAM D III
STREET ADDRESS: 2700-A N.W. 43RD STREET
CITY-ST-ZIP: GAINESVILLE FL 32606

TITLE: D ☐ Delete
NAME: THOBURN, ROBERT III
STREET ADDRESS: 9409 SW 47 LANE
CITY-ST-ZIP: GAINESVILLE FL 32605

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

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

TITLE: ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: *1/27/03* Daytime Phone #: *352 620-2514*

CR2E034 (10/02)