2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91589 031 ***150.00

DOCUMENT # P97000050475

1. Entity Name
B.J.'S BAR B.Q NICEVILLE INC.

Principal Place of Business
104 REDWOOD AVE
NICEVILLE FL 32578

Mailing Address
81 EASTVIEW ST.
VALPARISO FL 32580

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~81 EASTV~~ 1606 26TH ST	81 EASTVIEW
Suite, Apt. #, etc.	Suite, Apt. #, etc. VALPARISO
City & State NICEVILLE FL	City & State VALPARISO FL
Zip 32578 / Country OKALOOSA	Zip 32580 / Country OKALOOSA

4. FEI Number 59-3318765 — Applied For / Not Applicable

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
SPARKS, LARRY 81 EASTVIEW ST. VALPARISO FL 32580	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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D SPARKS, LARRY 81 EASTVIEW ST. VALPARISO FL 32580 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARKS, CATHERINE 81 EASTVIEW ST. VALPARISO FL 32580 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 REQUIRED LARRY S PARKS 4-12-02 850-729-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)