## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 11, 2002 8:00 am P97000066550 DOCUMENT # **Secretary of State** 1. Entity Name 02-11-2002 90095 026 \*\*\*150.00 JPR FLORIDA BBQ. INC. Principal Place of Business Mailing Address 6604 HYPOLUXO RD. #A-8 6604 HYPOLUXO RD LAKE WORTH FL 33467 A-8 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. EEI Number 65-0774416 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEFERO, LINDA M Street Address (P.O. Box Number is Not Acceptable) 718 NW 7 ST **BOCA RATON FL 33486** City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 Addition TITLE ☐ Delete TITLE ☐ Change NAME DEFERO, GERALD A NAME STREET ADDRESS 718 NW 7 ST STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33486** CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME DEFERO, LINDA M STREET ADDRESS STREET ADDRESS 718 NW 7 ST CITY-ST-7IP **BOCA RATON FL 33486** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE SMITH, RANDALL S NAME NAME STREET ADDRESS STREET ADDRESS 5927 BAY HILL CIRCLE CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-7IP Change ■ Addition TITLE ☐ Defete TITLE 1511 CORMORANT ROAD SOUTH NAME TOMASINO, PETER JR NAME STREET ADDRESS STREET ADDRESS 2135 NE 4 WAY CITY-ST-7IP CITY-ST-7IP **BOCA RATON FL 33431** Change ■ Addition ☐ Delete TITLE DITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachy

SIGNATURE: