FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97-00007 2513

1. Entity Name Wet Willies Bar-B-Q, Inc.
7855 West Gulf to Lake Hwy
Crystal River Fla. 34429

FILED
02 MAY 23 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7855 W. Gulf to Lake	7855 W Gulf to Lake Hwy
Suite, Apt. #, etc. Hwy	Suite, Apt. #, etc.
City & State Crystal River Fla.	City & State Crystal River Fla.
Zip 34429 Country Citrus	Zip 34429 Country Citrus

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3465038 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Albert Edward Owens

Street Address (P.O. Box Number is Not Acceptable) 4435 Orange Acres Pt

City Crystal River FL Zip Code 34429

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 Ed Owens 4-25-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Ed Owens (President)	TITLE	
NAME		NAME	
STREET ADDRESS	4435 Orange Acres Pt	STREET ADDRESS	
CITY-ST-ZIP	Crystal River Fla. 34429	CITY-ST-ZIP	
TITLE	Sec	TITLE	500005754445--9
NAME	RAY BASS	NAME	-06/11/02--01109--008
STREET ADDRESS	490 Hourglass Terr	STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	Crystal River Fla. 34429	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ed Owens 4-25-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #