

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90048 039 \*\*\*150.00

**DOCUMENT # P97000104736**

**1. Entity Name**  
**JACK BURGER FARMS, INC.**



**Principal Place of Business**  
~~ROUTE 1 BOX 184C~~  
5120 SR 305  
BUNNELL FL 32110

**Mailing Address**  
~~ROUTE 1 BOX 184C~~  
5120 SR 305 5120 County Rd 305  
BUNNELL FL 32110

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** 59-3632272

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BURGER, JACK**  
ROUTE 1 BOX 184C  
BUNNELL FL 32110

5120 County Road 305  
Bunnell, FL 32110

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☐ Delete  
**NAME** BURGER, JACK  
**STREET ADDRESS** ROUTE 1 BOX 184C  
**CITY-ST-ZIP** BUNNELL FL 32110

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** 5120 County Road 305  
**CITY-ST-ZIP** Bunnell, FL 32110

**TITLE** STD ☐ Delete  
**NAME** BURGER, JULIE  
**STREET ADDRESS** ROUTE 1 BOX 184C  
**CITY-ST-ZIP** BUNNELL FL 32110

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** 5120 County Road 305  
**CITY-ST-ZIP** Bunnell, FL 32110

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

☐ Change ☐ Addition  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**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 another like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

3/18/03

(386) 437-2429

Date

Daytime Phone #

CR2E034 (10/02)