

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**  
 08-21-2000 90205 025 \*\*\*158.75

**DOCUMENT #** P98000039307  
**1. Entity Name**  
 Bo's BARBQ Grill, INC

**Principal Place of Business** 226-1 Solano rd  
 Ponte Vedra be fl 32082  
**Mailing Address** 226-1 Solano rd  
 Ponte Vedra be fl 32082

**A0073402**

**2. Principal Place of Business** 226-1 Solano rd  
 Suite, Apt. #, etc.  
**3. Mailing Address** Same

DO NOT WRITE IN THIS SPACE

**City & State** Ponte Vedra be fl  
**Zip** 32082 **Country** USA

**4. FEI Number** 59-3523989 **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 ALBERT E Buschman, Jr  
 2215 S. 3rd St  
 Suite 101  
 Ft Rte 91 32250

**7. Name and Address of New Registered Agent**  
**Name** Sal G Zebouni  
**Street Address (P.O. Box Number is Not Acceptable)** 226-1 Solano rd  
**City** Ponte Vedra be **FL** **Zip Code** 32082

**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** *Sal G. Zebouni* **DATE** 8-15-00  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

**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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	
NAME Sal G. Zebouni	
STREET ADDRESS 226-1 Solano rd	
CITY-ST-ZIP Ponte Vedra be fl 32082	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
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CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.**

**SIGNATURE:** *Sal G. Zebouni* **SAL G. ZEBOUNI** **(904) 285-2666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment

P98000039307

AC0073402

8.15.02

for corporations.

per your instructions  
enclosed is form

(2000 UBR). completed  
with our check in the  
amt. of \$ 158.75 for the  
filing. This is a

new corp. & I never  
received my annual  
corp report for filing.  
please process asap  
and return with

cert. of status - Thanks

K. H. Garrard, S/H

Sal. G. Gebourn, dire.

(904) 285-2666