

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90178 014 ***150.00

DOCUMENT # P98000073652

1. Entity Name
BIG JOHN'S FOOD INC.



Principal Place of Business
**2825 BUSINESS CENTER BLVD
SUITE B-3
MELBOURNE FL 32940**

Mailing Address
**P.O. BOX 410648
MELBOURNE FL 32941**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

11651 Robert J. Conlan Blvd

3. Mailing Address

PO BOX 60547

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Bay, FL

City & State
Palm Bay, FL

4. FEI Number
65-0861286

Applied For
☐ Not Applicable

Zip
32905 Country
USA

Zip
32906 Country
USA

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

**MURRAY, JOHN S
5011 DIXIE HWY NE
APT A-101
PALM BAY FL 32905**

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 _____ (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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRAY, JOHN S		NAME		
STREET ADDRESS	5011 DIXIE HWY NE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32905		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRAY, LILLY S		NAME		
STREET ADDRESS	5011 DIXIE HWY NE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32905		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.

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

1/21/03 321-723-7200
Date Daytime Phone #

CR2E034 (10/02)