

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096182

1. Entity Name  
MR. & MRS. BBQ, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90984 024 \*\*\*150.00

Principal Place of Business  
1000 LEE BLVD  
SUITE 207  
LEHIGH ACRES FL 33936  
US

Mailing Address  
1007 ALLMAN AVENUE  
LEHIGH ACRES FL 33971  
US

2. Principal Place of Business  
1171 HOMESTEAD RD N.  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

City & State  
LEHIGH ACRES FL

City & State

Zip  
33936

Country  
USA

Zip

Country

4. FEI Number 65-0873831

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
BOWERS ACCOUNTING  
23 COLORADO ROAD  
PO BOX 159  
LEHIGH ACRES FL 33970

7. Name and Address of New Registered Agent  
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.

SIGNATURE \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENDER, GREGG		NAME		
STREET ADDRESS	1007 ALLMAN AVE		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL 33971		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENDER, BARBARA		NAME		
STREET ADDRESS	1007 ALLMAN AVE		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL 33971		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORR, COLLEEN		NAME		
STREET ADDRESS	1007 ALLMAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL 3371		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORR, ROBERT		NAME		
STREET ADDRESS	1601 RED CEDAR DR., APT. 16		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33907		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		

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: Barbara Bender BARBARA BENDER 4/27/01 941-369-6811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)