## **2001 UNIFORM BUSINESS REPORT (UBR)**

STF FL32381F.1

## FILED May 22, 2001 8:00 am Secretary of State

<b>DOCUMENT #</b> P9900005067  1. Entity Name						05-22-2001 9	_			
Rod's Bar-B-Q & Grill, Inc.										
Principal Place of Business Mailing Address										
					A0068392					
2. Principal P		3. Mailing Address		+ Na+h	'' / -	<b>,,,,,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Suite, Apt.	6th Street North #,etc.	Suite, Apt. #, etc.	ree	et North	DO NOT WRITE IN THIS SPACE					
City & Stat	Δ	City & State			4. FEI Number Applied For					
-		St. Petersbu			<del>  _ + </del>			Not Applica	_	
Zip 33710-6	Country 6226 USA	zip 33710-6226	untry	5. Certificate of Status Desired See Requ					ŀ	
33710	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent					_	
			ì	Name		·				
Roderick W Mathews				Street Address	et Address (P.O. Box Number is Not Acceptable)					
301 Belcher Road N. Apt. 2904										
-	FL 33771					FL Zip C			ode	
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  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.  After MAY-1, 2001 Fee will be \$550.00  Trust Fund Contribution.										
, (See criteri		Make Check Payable	e to De	partment of S	tate		LID DIE		d to Fees	<b>_</b>  ĝ
TITLE	OFFICERS AND DIF	RECTORS Delete	12.		ADDITIONS/C	CHANGES TO OFFICERS A	אוט טור	Change		
NAME STREET ADDRESS CITY - ST - ZIP	Roderick W. Math 301 Belcher Road Largo, FL 33771	ews		ET ADDRESS - ST - ZIP			<u></u>	, ,		至 CR2E034 (11/00)
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CITY - ST - ZIP				ST - ZIP		<u> </u>				
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: Noderick W Mathews 4/26/01 727-344-1463 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Daytime Phone #										