

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended

DOCUMENT # **99600013070**

1. Entity Name
Family Grille, Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 22 PM 4:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1015 SE 47th Ter
Suite, Apt. #, etc.

3. Mailing Address
1015 SE 47th Ter
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Cape Coral, Fla
Zip
33904 Country
Lee

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Cape Coral, Fla
Zip
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4. FEI Number
650663792
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
James R. Heckler

Street Address (P.O. Box Number is Not Acceptable)
1229 SW 53rd

City
Cape Coral FL Zip Code
33914

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

James R. Heckler

(NOTE: Registered Agent signature required when reinstating)

3/14/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President / Director
James R. Heckler
1229 SW 53rd
Cape Coral, Fla 33914

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500005282575--4
-04/16/02--01038--022
*******61.25 *****61.25**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary / Officer
Sheila Koelber
1015 SE 47th Ter
Cape Coral, Fla 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James R. Heckler

3/14/02
Date

941-549-9555
Daytime Phone #

CR2E034B (12/01)