

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P990000 20502*

1. Entity Name
Bps Produce and BBQ Stand INC

Principal Place of Business Mailing Address
Pop's Produce + Barbecue INC.
1444 Bahia Drive
Tall, FL 32310

2. Principal Place of Business 3. Mailing Address
1444 Bahia Dr *1444 Bahia Dr*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State *Tall FL* City & State *Tall FL*

Zip *32310* Country *USA* Zip *Tall FL* Country

FILED

01 SEP 21 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number *59-3680809* Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
Cleveland Dickens
1444 Bahia Dr
Tall FL 32310

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 *Cleveland Dickens* *Shelia Murray* DATE *9/21/01*
Signature, typed or printed name of registered agent and date 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. ☐ **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 NAME STREET ADDRESS CITY - ST - ZIP	<i>President</i> <i>Cleveland L. Dickens</i> <i>1444 Bahia Dr</i> <i>Tall FL 32310</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Vice President</i> <i>Shelia Murray Dickens</i> <i>1444 Bahia Dr</i> <i>Tall, FL 32310</i>	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	8000046043 -09/21/01--01069--001 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Cleveland L. Dickens* *Shelia Murray* *656-3267*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

9/21/01

2012

To whom it may concern:

We did not receive the required
documentation from your office: notices.

Sheila M. [Signature]
Cleveland & Dick [Signature]