

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000025954

FILED
Sep 09, 2003
Secretary of State

Entity Name: TOM'S SMOKEHOUSE BARBEQUE, INC.

Current Principal Place of Business:

P.O. BOX 740
LAKE ALFRED, FL 33850

New Principal Place of Business:

PO BOX 740
LAKE ALFRED, FL 33850

Current Mailing Address:

P.O. BOX 740
LAKE ALFRED, FL 33850

New Mailing Address:

FEI Number: 59-3570188 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WORKMAN, THOMAS J
295 E PARK LANE
LAKE ALFRED, FL 33850 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WORKMAN, THOMAS J
Address: P.O. BOX 740
City-St-Zip: LAKE ALFRED, FL 33850

Title: D () Delete
Name: WORKMAN, DORIS
Address: P.O. BOX 740
City-St-Zip: LAKE ALFRED, FL 33850

Title: D () Delete
Name: WORKMAN, J C
Address: P.O. BOX 740
City-St-Zip: LAKE ALFRED, FL 33850

Title: D () Delete
Name: LUCIDO, ANGELA
Address: P.O. BOX 740
City-St-Zip: LAKE ALFRED, FL 33850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J WORKMAN

D

09/09/2003

Electronic Signature of Signing Officer or Director

_____ Date