

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076485

1. Entity Name

RICK'S RIBS, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90134 008 ***150.00

Principal Place of Business

2833 BELLVIEW AVE
 PENSACOLA FL 32526

Mailing Address

2833 BELLVIEW AVE
 PENSACOLA FL 32526-1303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3595518

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OVERBY, EARL F
 4502 TWIN OAKS DRIVE
 PENSACOLA FL 32506

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

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.

(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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	D V. President, Treasurer FARRIS, RICKY W 2833 BELLVIEW AVE PENSACOLA FL 32526	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President FARRIS, MARY B 2833 BELLVIEW AVE PENSACOLA, FL 32526	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-00

Date

Daytime Phone #

CR2E034 (9/99)

Rick's
Ribs, Inc.

attachment doc #
P99000076485
DW83993

August 31, 2000

Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Filing of 2000 Uniform Business Report

Dear Sir:

In preparations for the close of our first fiscal year, it has come to my attention that I have been grossly misinformed. I was under the understanding that Business Reports were filed annually according to our fiscal year and not calendar year. However, after reviewing your filing form, I realize this is not so.

Being a new business owner, I am realizing that these assumptions were false and I should have sought your office for the correct information. I ask that you would please waive all penalties assessed and accept my check for \$150.00 with my 2000 Uniform Business Report.

If you will grant me this consideration, I will file all future reports in a timely manner. Thank you for your understanding in this matter.

Sincerely,



Rick Farris
Owner

Enclosure