

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90265 037 \*\*\*150.00

**DOCUMENT # P99000079024**

**1. Entity Name**  
**JIGGS BBQ, INC.**

**Principal Place of Business**  
**10061 FOX TRAIL ROAD SOUTH**  
**WEST PALM BEACH FL 33411**

**Mailing Address**  
**6911 VISTA PARKWAY NORTH**  
**WEST PALM BEACH FL 33411**

**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** **65-0949931**

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**

**WALKER, MICHAEL B'ESQ.**  
**777 BRICKELL AVE.**  
**SUITE 900 SUNTRUST BUILDING**  
**MIAMI FL 33131**

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, 2002 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** **P** ☐ Delete  
**NAME** **WILLIAMS, JERRY W.**  
**STREET ADDRESS** **6911 VISTA PARKWAY NORTH**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33471**

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** **6911 VISTA PARKWAY NORTH**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33411**

**TITLE** **VPT** ☐ Delete  
**NAME** **WILLIAMS, J. TODD**  
**STREET ADDRESS** **6911 VISTA PARKWAY NORTH**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33471**

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** **6911 VISTA PARKWAY NORTH**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33411**

**TITLE** **VPS** ☐ Delete  
**NAME** **WILLIAMS, W. TATE**  
**STREET ADDRESS** **6911 VISTA PARKWAY NORTH**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33471**

☒ Change ☐ Addition  
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**CITY-ST-ZIP** **WEST PALM BEACH FL 33411**

**TITLE** ☐ Delete  
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**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

**4-12-02 361-697-4808**  
 Date Daytime Phone #

CR2E034 (9/01)