

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 31, 2001 8:00 am**
Secretary of State

01-31-2001 90027 018 ***150.00

DOCUMENT # P99000079051

1. Entity Name

SHACKS BBQ, INC.

Principal Place of Business

**14200 LEANING PINE DRIVE
MIAMI LAKES FL 33014**

Mailing Address

**14200 LEANING PINE DRIVE
MIAMI LAKES FL 33014**

2. Principal Place of Business

6120 Lake Worth Road
Suite, Apt. #, etc.

3. Mailing Address

6911 VISTA Pkwy North
Suite, Apt. #, etc.

City & State

GREENACRES FL

City & State

West Palm Beach FL

Zip

33463

Country

USA

Zip

33411

Country

USA

4. FEI Number

65-0949933

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
777 BRICKELL AVE STE 900
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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	D <input type="checkbox"/> Delete
NAME	WILLIAMS, JERRY W
STREET ADDRESS	14200 LEANING PINE DRIVE
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS, J TODD
STREET ADDRESS	14200 LEANING PINE DRIVE
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS, W TATE
STREET ADDRESS	14200 LEANING PINE DRIVE
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

J TODD WILLIAMS

Date

1/2/01

Daytime Phone #

561-697-4888

CR2E034 (10/00)