## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P99000079051

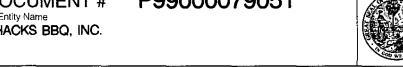
1. Entity Name

SHACKS BBQ, INC.

Principal Place of Business

6120 LAKE WORTH ROAD

**GREENACRES FL 33463** 



Mailing Address

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0949933 Zip Zip Country Country Certificate of Status Desired 6. Name and Address of Current Registered Agent Name WALKER, MICHAEL B Street Address 777 BRICKELL AVE STE 900 MIAMI FL 33131 City SIGNATURE

6911 VISTA PKWY NORTH

WEST PALM BEACH FL 33411

## **FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90033 021 \*\*\*150.00



Not Applicable П

\$8.75 Additional Fee Required

Zip Code

Applied For

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(P,O. B	lox Numi	per is Not	Acce	eptab	le)				 	

tered office or registered agent, or both	, in the State of Florida.	I am familiar with,	and accept

Trust Fund Contribution.

. '	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.	I am familiar with,	and accept
	the obligations of registered agent.		

Sign.	ature, typed or	printed na	arne d	registered agent and	tiue ii
FILE	NOW!!!	FEE	IS S	\$150.00	
After Ma	v 1, 2003	Fee v	vill	be \$550.00	

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TITLE Delete WILLIAMS, JERRY W NAME NAME STREET ADDRESS 6911 VISTA PARKWAY NORTH STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition WILLIAMS, J TODD NAME NAME 6911 VISTA PARKWAY NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411 CITY-ST-ZIP - بيوسيو-- د ياست ت Delete -JITLE\_ .Change ☐ Addition. TITLE. WILLIAMS, W TATE NAME NAME STREET ADDRESS STREET ADDRESS 6911 VISTA PARKWAY NORTH CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

12. 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 10 or Block 11 if of the corporation or the changed, or on an atta

STREET ADDRESS

CITY~ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR