

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082691

1. Entity Name

BILLY'S BBQ, INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90054 036 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 563
PANAMA CITY FL 32402

P.O. BOX 563
PANAMA CITY FL 32402-0563

H001401J

2. Principal Place of Business

10281 FRONT BEACH ROAD

3. Mailing Address

PO BOX 563

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY BEACH FL

City & State

PANAMA CITY FL

4. FEI Number

59-3589391

Applied For

Not Applicable

Zip

32408

Country

USA

Zip

32402

Country

USA

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

WEBB, WILLIAM C
439 GRACE AVENUE
PANAMA CITY FL 32401

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 ☐ Delete

NAME William C. Webb

STREET ADDRESS PO Box 563

CITY-ST-ZIP PANAMA CITY FL 32408

TITLE ☐ Delete

NAME VICE PRESIDENT

STREET ADDRESS JAMES B. JOHNSON

CITY-ST-ZIP 9104 FRONT BEACH ROAD

TITLE ☐ Delete

NAME SECRETARY/TREASURER

STREET ADDRESS GREGORY GRANTHAM

CITY-ST-ZIP 340 W. 23d Street

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1-21-00

Date

Daytime Phone #

CR2E034 (9/99)