FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Mar 06, 2001 8:00 am **DOCUMENT # G71002 Secretary of State** 1. Entity Name WARD'S FAST FOODS OF FLORIDA, INC. 03-06-2001 90358 008 \*\*\*150.00 Principal Place of Business Mailing Address 130 MARY ESTHER BLVD. 130 MARY ESTHER BLVD. MARY ESTHER FL 32569 MARY ESTHER FL 32569 725827 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2356669 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, GEORGE R. Street Address (P.O. Box Number is Not Acceptable) 701 N.W. ANCHORS FT. WALTON BCH FL 32548 City 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) 9. This corporation is eligible to satisfy, its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing/requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 $\Box$ . Trust Fund Contribution. Added to Fees □ \*5 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. · · · OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WIMBERLY, CHARLES H. NAME STREET ADDRESS STREET ADDRESS 130 MARY ESTHER BLVD. CITY-ST-ZIP CITY-ST-ZIP MARY ESTHER FL TITLE Delete TITLE ☐ Change ☐ Addition NAME SMITH, GEORGE R. NAME STREET ADDRESS STREET ADDRESS 701 N.W. ANCHORS CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BCH FL TITLE ☐ Addition TITLE Delete NAME COX, CHARLES O NAME 120 YAUPON DR ATRANTIC, NC 28511 STREET ADDRESS 136 OLD PUMP CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MONTGOMERY AL TITLE ☐ Delete TITLE NAME BOND, RONALD A NAME STREET ADDRESS STREET ADDRESS 353 MAPLEWOOD DR CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE\_FL 32259 TITLE Delete TITLE Change Addition 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 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 reserver 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 attach her vital an afformation 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 reserver 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 attach her vital an afformation of the corporation of the corporation or the reserver 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