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

## DOCUMENT #

P00000013409

1. Entity Name

POPPA JIM'S, INC.



**FILED** Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90114 037 \*\*\*150.00

Principal Place 2218 HWY 19 PERRY FL 323	SOUTH	\$	Mailing Address PO BOX 58 PERRY FL 32348								
2. Principal Pl	lace of Busin	ess	3. Mailing Address				(		I <b>sti</b> atili <b>c</b> icil		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FI	4. FEI Number 59-3628577			pplied For	7
Zìp		Country	Zip Country			<b>5.</b> C				5 Additional lequired	
	6. Name	and Address of Current	Registered Agent	gistered Agent			7. Name and Address of New Registered Agent				
					Name						
-	SAMUEL A		Street Addres			s (P.O. Box Number is Not Acceptable)					1
	/ 19 SOUTI	4				<del> </del>	J				+
PERRY FL	. 32347										╽
		•		City	FL   <sup>z</sup>			Zip Coo	Zip Code		
	named entity ions of regist		r the purpose of changing its	register	ed office or regis	stered age	nt, or both, in the State of Flor	rida. I am f	amiliar with	, and accept	1
SIGNATURE _	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature requ	uired when reir	nstating)	DATE			
FIEl	LE-NOW!	I-FEE IS \$150.00 3 Fee will the \$550.00 Florida Department of	Company of the second s				9. Election Campaign Fine Trust Fund Contribution			<b>)0</b> May Be d to Fees	
10.	***	OFFICERS AND	DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	RS IN 11	] _
TITLE NAME STREET ADDRESS OTY-ST-ZIP	P FARRILL, SAMUEL A 2218 HWY 19 SOUTH PERRY FL 32347		☐ Delete						Change	☐ Addition	(40/05)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1002 E C/	VP MEAD, BETTINA 1002 E CAROLINE BLVD PANAMA CITY FL 32401		NAM STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete .	1					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
NAME STREET ADORESS CITY-ST-ZIP	Andrew Andrews	NA ST							Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITUE					Change	☐ Addition	

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

3-25-03

850-838-2169