

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90008 048 \*\*\*150.00

**DOCUMENT # P01000000142**

1. Entity Name  
~~LUPE KINLEY QWIKMART, INC.~~  
 LUPE KINLEY DRIVE-THRU QWIKMART CENTER, INC.

Principal Place of Business      Mailing Address  
 962 MILLARD COURT                      962 MILLARD COURT  
 DAYTONA BEACH FL 32117              DAYTONA BEACH FL 32117

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                      Zip      Country

4. FEI Number      Applied For  
 59-3691936      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BAILEY, BETTIE F DR**  
**962 MILLARD COURT**  
**DAYTONA BEACH FL 32117**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 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 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 <b>P</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Dr. Lupe L Kinley</b> 428 Golf Blvd. Daytona Beach, FL 32118	<input type="checkbox"/> Delete
TITLE <b>P</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Dr. Rodney B. Kinley</b> 428 Golf Blvd. Daytona Beach, FL 32118	<input type="checkbox"/> Delete
TITLE <b>V</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Dr. Retha R. Blue</b> 1003 S. Palmetto Ave. #1 Daytona Beach, FL 32114	<input type="checkbox"/> Delete
TITLE <b>ST</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Dr. Bettie F. Bailey</b> 962 Millard Court Daytona Beach, FL 32117	<input type="checkbox"/> Delete
TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Dr. Monique M. Brooks</b> 303 Cavanaugh Drive #A Holly Hill, FL 32117	<input type="checkbox"/> Delete
TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Dr. Eileen M. Kinley</b> 1530 Decatur Avenue Holly Hill, FL 32117	<input type="checkbox"/> Delete

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

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: *Dr. Bettie F. Bailey*      Secretary/Treasurer      04/06/01 (386) 252-6838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)