

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90105 015 ***150.00

DOCUMENT # P01000000142
 1. Entity Name
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



DO NOT WRITE IN THIS SPACE

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 **59-3691936** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BAILEY, BETTIE F DR
962 MILLARD COURT
DAYTONA BEACH FL 32117

7. Name and Address of New Registered Agent
 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, 2002 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

TITLE	<input type="checkbox"/> Delete
NAME	KINLEY, LUPE L DR
STREET ADDRESS	427 GOLF BLVD
CITY-ST-ZIP	DAYTONA BEACH FL 32-1148
TITLE	<input type="checkbox"/> Delete
NAME	KINLEY, RODNEY B
STREET ADDRESS	428 GOLF BLVD
CITY-ST-ZIP	DAYTONA BEACH FL 32118
TITLE	<input type="checkbox"/> Delete
NAME	BLUE, RITHA R DR
STREET ADDRESS	1003 S. PALMETTO AVE #1
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	<input type="checkbox"/> Delete
NAME	BAILEY, BETTIE F DR
STREET ADDRESS	962 MILLARD COURT
CITY-ST-ZIP	DAYTONA BEACH FL 32117
TITLE	<input type="checkbox"/> Delete
NAME	BROOKS, MONIQUE M
STREET ADDRESS	303 CAVAHAH DRIVE #A
CITY-ST-ZIP	DAYTONA BEACH FL 32117
TITLE	<input type="checkbox"/> Delete
NAME	MCKINLEY, EILEEN DR
STREET ADDRESS	1530 DECATUR AVENUE
CITY-ST-ZIP	DAYTONA BEACH FL 32117

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kinley, Lupe L. Dr.
STREET ADDRESS	962 Millard Court
CITY-ST-ZIP	Daytona Beach, FL. 32117
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kinley, Rodney B. Dr.
STREET ADDRESS	962 Millard Court
CITY-ST-ZIP	Daytona Beach, FL. 32117
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blue, Retha R. Dr.
STREET ADDRESS	962 Millard Court
CITY-ST-ZIP	Daytona Beach, FL. 32117
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bailey, Bettie F, Dr.
STREET ADDRESS	962 Millard Court
CITY-ST-ZIP	Daytona Beach, FL. 32117
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kinley, Monique M. Dr.
STREET ADDRESS	962 Millard Court
CITY-ST-ZIP	Daytona Beach, FL. 32117
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kinley, Eileen M. Dr.
STREET ADDRESS	962 Millard Court
CITY-ST-ZIP	Daytona Beach, FL. 32117

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: *Bettie F. Bailey* **Secretary/Treasurer 01/11/02 (386) 252-6838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)