## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	NIFORM BUSINI	· · · · · · · · · · · · · · · · · · ·		
DOCUI 1. Entity Name		79214 N, INC.	: x *	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
		•		02 AUG 29 PM 1: 36
	DO NOT WRITE	IN THIS S	SPACE	
1974 45. HWY. 221 NORTH P.O.		3. Mailing Address P. D. POX: 18 Suite, Apt. #, etc.	96	: DO NOT WRITE IN THIS SPACE
City & State		City & State PERRY F	LORIDA	4. FEI Number Applied For 59-3591112 Not Applicable
Zip 3234	7 Country 7 TAYLOR	Zip 32348	Country TAYLOR	5. Certificate of Status Desired Security Securi
2007	7 TAYLON	10010		7. Name and Address of Current Registered Agent
	DO NOT W			S (P.O. Box Number is Not Acceptable)
IN THIS SPACE			10:	5 E. GREEN ST.
			City PE	RRY FL Zip Code
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  January 1 - Ma After May 1 Amended			IOTE: Registered Agent signature requirements of Section 1. Fee is \$150.00 ay 1, Fee is \$550.00 ded UBR is \$61.25 /able to Department of S	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
11.	OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID T. PATE JR. 105 E. GREEN ST. PERRY FL 32347		TITLE NAME	
	PERRY FL 32	7. 347	STREET ADDRESS CITY-ST-ZIP	7000074276075 -08/29/0201051001 ****300.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PERRY FL 32 DIRECTOR EDWINA B. PATE 105 E.GREEN ST.	7. 347	•	-08/29/0201051001
NAME STREET ADDRESS	PERRY FL 32 DIRECTOR	347	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	-08/29/0201051001
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PERRY FL 32 DIRECTOR EDWINA B. PATE 105 E.GREEN ST.	347	CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	-08/29/0201051001 ****300.00 ****150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PERRY FL 32 DIRECTOR EDWINA B. PATE 105 E.GREEN ST.	347	CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	-08/29/0201051001 ****300.00 ****150.00  DO NOT WRITE

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

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-02

850-584-3669 Daytime Phone # I never reserved the Uniquem Business Repart for Graves Drive-In, Inc. nor Judy's 14-4 Dold, Inc.

David T. Pate 8-29-03