

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2001 8:00 am
Secretary of State
 05-31-2001 90006 036 ***150.00

DOCUMENT # **99000042932**

1. Entity Name
Wendy's International / Gifts Inc.

Principal Place of Business
5600 International Dr.
Orlando, FL 32819

Mailing Address
Same

00057215

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5600 International Dr.

3. Mailing Address
5600 International Drive

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3575288

Applied For
 Not Applicable

Zip
32819

Country
Orange

Zip
32819

Country
Orange

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Co.
1201 Hays Street
Tallahassee, FL 32301-2525

Name **Corporation Service Co.**
 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
 City **Tallahassee** FL **32301-2525**

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. (NOT Registered Agent's signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!
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 **Pres, V-Pres, Sec, Treas** ☐ Delete
 NAME **Steve Conn**
 STREET ADDRESS **3755 20th St**
 CITY-ST-ZIP **SF, CA 94110**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Sole Director** ☐ Delete
 NAME **Steve Conn**
 STREET ADDRESS **3755 20th St.**
 CITY-ST-ZIP **SF, CA 94110**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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: **Steve Conn** **Steve Conn** **5/29/01 (407) 226-1110**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER & DIRECTOR Date Daytime Phone #

CR2E034 (1/100)