

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90546 034 ***150.00

DOCUMENT # 141098

1. Entity Name
FFP ENTERPRISES, INC.



Principal Place of Business
**905 EAST MAIN STREET
PO BOX 781
BARTOW FL 33830**

Mailing Address
**905 EAST MAIN STREET
PO BOX 781
BARTOW FL 33830**



2. Principal Place of Business
865 Lila Street

Suite, Apt. #, etc.

3. Mailing Address
865 Lila Street

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0513089**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PHILLIPS JR., FRANK F.
865 LILA ST
BARTOW FL 33830**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PHILLIPS JR., FRANK F	
STREET ADDRESS	865 LILA ST.	
CITY-ST-ZIP	BARTOW FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PHILLIPS, ADDIE J	
STREET ADDRESS	865 LILA ST.	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, ADDIE J.	
STREET ADDRESS	865 LILA STREET	
CITY-ST-ZIP	BARTOW FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOSWELL, SR., C.A.	
STREET ADDRESS	150 E. DAVIDSON	
CITY-ST-ZIP	BARTOW FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

Date

863-533-2479

Daytime Phone #

CR2E034 (10/02)