

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 531148**

1. Entity Name

JIM'S FRIED CHICKEN, INC.

Principal Place of Business

1518 GARY ST
JACKSONVILLE FL 32207
US

Mailing Address

1518 GARY ST
JACKSONVILLE FL 32207
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DIXON, MARK T SR
12371 BLUESTREAM DR
JACKSONVILLE FL 32224

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

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

(NOTE: Registered Agent 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!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DIXON, JAMES E.	
STREET ADDRESS	6455 BAHALA RD.	
CITY-ST-ZIP	GREEN COVE SPGS. FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIXON, MARK T SR	
STREET ADDRESS	12371 BLUESTREAM DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIXON, SHARON L	
STREET ADDRESS	12371 BLUESTREAM DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/27/02 (904) 398-0002

Date

Daytime Phone #

FILED
02 OCT 15 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

292

10/11/02

To: Florida Department of State

Reference number : 531148

This letter is an explanation of the late filing of the Annual Business Report due for May 1, 2002 for Jim's Fried Chicken, Inc. My mother and father have operated this business for the past twenty five years. I have recently taken over the family business due to my mother passing away and my father's ill health as a result. At some point the business did not receive a Annual Business Report for the original due date May 1, 2002. Once I received the notice due for September I realized something was wrong, I called the listed number (850) 488-9000 on the form and spoke to a lady on the phone. I explained to her what the situation was and she sent me a duplicate form and advised me to overnight the form with the \$150.00 fee and no late fee would be assessed. I have since received a letter acknowledging receipt of the form and fee but requiring an additional \$400.00 late fee. I'm asking that this be waived in lieu of the circumstances Thank you for any consideration in this matter.

Sincerely,
Mark T. Dixon Sr.

Jim's Fried Chicken, Inc.