FILED
May 21, 2003 8:00 am
Secretary of State
05-21-2003 90191 026 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 531148

1. Entity Name
Jim's Fried Chicken, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1518 Gary St.
Suite, Apt. #, etc.
City-State: Jacksonville, FL.
Zip: 32207 County: Duval

3. Mailing Address
1518 Gary St.
Suite, Apt. #, etc.
City-State: Jacksonville, Fl.
Zip: 32207 County: Duval

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1739032 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Mark T. Dixon Sr
Street Address: 12371 Bluestream Dr.
City: Jacksonville FL Zip: 32207

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: Mark T. Dixon Sr 05/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Annual Report Fee $ 150.00
Amendment Fee $ 30.00
Reinstatement Fee $ 500.00
Late Check Penalty Fee $ 400.00
Total Amount of Check

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

10. OFFICERS AND DIRECTORS

TITLE: PD	TITLE:
NAME: Dixon, James B.	NAME:
STREET ADDRESS: 6455 Bahia Rd.	STREET ADDRESS:
CITY-ST-ZIP: Green Cove Spgs. FL	CITY-ST-ZIP:
TITLE: VD	TITLE:
NAME: Dixon, Mark T, Sr	NAME:
STREET ADDRESS: 12371 Bluestream Dr	STREET ADDRESS:
CITY-ST-ZIP: Jacksonville, Fl. 32224	CITY-ST-ZIP:
TITLE: SD	TITLE:
NAME: Dixon, Sharon C.	NAME:
STREET ADDRESS: 12371 Bluestream Dr	STREET ADDRESS:
CITY-ST-ZIP: Jacksonville, FL. 32224	CITY-ST-ZIP: DO NOT WRITE
TITLE:	TITLE: IN THIS SPACE
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:

CR2E034B (12/02)

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

SIGNATURE: Mark T. Dixon Sr Mark T. Dixon Sr 05/19/03 (904) 398-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #