

2002 UNIFORM BUSINESS REPORT (UBR)

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AT

DOCUMENT # A01000000095

1. Entity Name
I-DRIVE BURGERS, LTD.

FILED
02 APR 29 PM 6:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
9439 FOREST CITY ROAD
ALTAMONTE SPRINGS FL 32714

Mailing Address
9439 FOREST CITY ROAD
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2002

4. FEI Number
59-3712485

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

6. Name and Address of Current Registered Agent
HARTMAN, JAMES A
9439 FOREST CITY ROAD
ALTAMONTE SPRINGS FL 32714

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

9. Capital Contributions as Shown on record. \$1,000.00 **10. Amount of Capital Contributions in FLORIDA to date.** (no additional) \$1,000 **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	JAMES A. HARTMAN	STREET ADDRESS	
NAME	9439 FOREST CITY ROAD	CITY-ST-ZIP	
STREET ADDRESS	ALTAMONTE SPRINGS FL 32714		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** _____ **DATE** 4-10-02 **Daytime Phone #** 407-445-7235 x1326

CR2E003 (9/01)