

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000004046

1. Entity Name
UPPY'S CONVENIENCE STORES, INC.



FILED

07 JUL 19 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4900 WEST HUNDRED ROAD
CHESTER, VA 23831

Mailing Address
4900 WEST HUNDRED ROAD
CHESTER, VA 23831



07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1766927

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

UPHOFF, BRIAN A
1800 BAYSHORE DRIVE
TERRA CEIA, FL 34250

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT
NAME UPHOFF, STEVEN M
STREET ADDRESS 15642 CHESDIN LANDING TERRACE
CITY-ST-ZIP CHESTERFIELD, VA 23838

TITLE VS
NAME UPHOFF, LINDA M
STREET ADDRESS 15642 CHESDIN LANDING TERRACE
CITY-ST-ZIP CHESTERFIELD, VA 23838

TITLE C
NAME UPHOFF, STEVEN M
STREET ADDRESS 4900 WEST HUNDRED ROAD
CITY-ST-ZIP CHESTER, VA 23831

TITLE VC
NAME UPHOFF, LINDA M
STREET ADDRESS 4900 WEST HUNDRED ROAD
CITY-ST-ZIP CHESTER, VA 23831

TITLE D
NAME MOORE, CASSANDRA M
STREET ADDRESS 4900 WEST HUNDRED ROAD
CITY-ST-ZIP CHESTER, VA 23831

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300106632323
07/24/07--01042--018 **1500.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-07

Date

804-706-4702

Daytime Phone #