2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F95000004713 Mar 27, 2000 8:00 am 1. Entity Name **Secretary of State** BUBBA'S FOOD STORES, INC. 03-27-2000 90091 033 ***158.75 Mailing Address Principal Place of Business PO BOX 425 PO BOX 425 **FAIRHOPE AL 36533-0425** FAIRHOPE AL 36533 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 63-1094564 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NICKERSON, JAMES E Street Address (P.O. Box Number is Not Acceptable) 13010 HWY 87 N JAY FL 32565 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 of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOWIII-FEE:IS:\$150.00= 9. This corporation is eligible to satisfy its intangible-10." Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DCPS ☐ Delete TITLE ☐ Change Addition TITLE NICKERSON, JAMES E NAME NAME STREET ADDRESS STREET ADORESS 22770 SIBLEY SQUARE CITY-ST-ZIP CITY-ST-ZIF **MONTROSE AL 36559** ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME NICKERSON, JAMES E STREET ADDRESS STREET ADDRESS 22770 SIBLEY SQUARE CITY-ST-ZIP CITY-ST-ZIP MONTROSE AL 36559 ☐ Change ☐ Addition Delete TITLE TITLE NICKERSON, KERRY O NAME NAME STREET ADDRESS STREET ADDRESS 22770 SIBLEY SQUARE CITY-ST-ZIP CITY-ST-ZIP MONTROSE AL 36559 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7P 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.

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 12 to changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

Date

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