

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F95000005925

1. Entity Name

Souper Salad, Inc.



FILED

03 MAY -8 PM 2: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

140 Heimer

Suite, Apt. #, etc.

400

3. Mailing Address

140 Heimer

Suite, Apt. #, etc.

400

City & State

San Antonio, TX

City & State

San Antonio, TX

Zip

78232

Country

USA

Zip

78232

Country

USA

4. FEI Number 74-2210941

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 CT-CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City PLANTATION

FL

Zip Code  
33324

**DO NOT WRITE  
IN THIS SPACE**

6. The above named entity submits this statement for the purpose of changing its registered office of record to the above address, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

James A. Bordonaro  
Assistant Secretary

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P- KERCHENKO, RICHARD 140 HEIMER STE 400 SAN ANTONIO TX 78232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900018580689 05/09/03--01013--001 **1200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S - SHACKELFORD, CLINT 140 HEIMER STE 400 SAN ANTONIO TX 78232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500018580705 05/09/03--01013--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - REILLY, CHRIS 140 HEIMER STE 400 SAN ANTONIO TX 78232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 9/03 DO NOT WRITE IN THIS SPACE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Clint Shackelford

31 Mar 03

210-495-9641

CR2E034B (12/02)