

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000530

1. Entity Name

FOOD CART SYSTEMS, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90115 028 ***158.75

Principal Place of Business

Mailing Address

~~PO BOX 419~~ 533 Cleveland Street
CLEARWATER FL ~~08757~~
33755

PO BOX 419
CLEARWATER FL 33757-0419

2. Principal Place of Business

3. Mailing Address

533 Cleveland Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clearwater, FL

Zip

Country

Zip

Country

33755

United States

4. FEI Number

75-2723399

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBSON, PAUL F
533 CLEVELAND ST.
CLEARWATER FL 33755

Name

Paul F. Gibson

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

1180 Gulf Boulevard, #1806

City

Clearwater

FL

33767

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

Paul F. Gibson President
Paul F. Gibson

2/29/00

(Signature of individual or registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO GIBSON, PAUL F 1180 GULF BLVD SUITE 1806 CLEARWATER FL 33767	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST O'DELL, GAIL G 1616 SAND KEY ESTATES CT. CLEARWATER FL 33767	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman Alan A. Genovese 17050 Cripple Creek Chesterfield, MO 63017	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO Gibson, Paul F 1180 Gulf Boulevard Suite 1806 Clearwater FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman Alan A. Genovese 17050 Cripple Creek Chesterfield, MO 63017	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

Paul F. Gibson President
Paul F. Gibson

2/29/00 (727) 449-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)