

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-24-2002 90141 001 ***150.00
 01-24-2002 90141 002 *****8.75

DOCUMENT # F99000000530

1. Entity Name
FOOD CART SYSTEMS, INC.

Principal Place of Business Mailing Address
533 CLEVELAND STREET PO BOX 419
CLEARWATER FL 33755 CLEARWATER FL 33757

10268



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 601 Cleveland Street		3. Mailing Address Suite 230	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33755	Country Pineellas	4. FEI Number 75-2723399	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent GIBSON, PAUL F 3158 OYSTER BAYOU WAY CLEARWATER FL 33759		7. Name and Address of New Registered Agent Food Cart Systems, Inc. 601 Cleveland Suite 230 Clearwater FL 33755	
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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* 1/7/02
 (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. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GIBSON, PAUL F 3158 OYSTER BAYOU WAY CLEARWATER FL 33757	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Sales & Marketing John D. Fleck 1482 Pine Brook Drive Clearwater, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GENOOESE, ALAN A 17050 CRIPPLE CREEK CHESTERFIELD MO 63017	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBOD POLEWASKI, XAMARA E 7814 CANON ROAD TAMPA FL 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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* 1/7/02 (727) 449-8700
 (NOTE: Signature and typed or printed name of signing officer or director) DATE Daytime Phone #

CR2E034 (9/01)