

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

10298



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
601 Cleveland Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
230
 City & State City & State
Clearwater, FL
 Zip Country
33755 Pinellas

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
~~GIBSON, PAUL F~~
~~3158 OYSTER BAYOU WAY~~
~~CLEARWATER FL 33759~~

7. Name and Address of New Registered Agent
 Name ~~Food Cart Systems, Inc.~~ **Paul Gibson**
 Street Address (P.O. Box Number is Not Acceptable)
601 Cleveland
Suite 230
 City **Clearwater** FL Zip Code **33755**

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* DATE **1/7/02**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GIBSON, PAUL F 3158 OYSTER BAYOU WAY CLEARWATER FL 33757 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GENOESE, ALAN A 17050 CRIPPLE CREEK CHESTERFIELD MO 63017 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBOD POLEWASKI, XIAMARA E 7814 CANON ROAD TAMPA FL 33615 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Sales & Marketing John D. Fleck 1482 Pine Brook Drive Clearwater, FL 33755 <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
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* DATE: **1/7/02** (727) 449-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)