

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90080 020 ***150.00

DOCUMENT # F99000000530			
1. Entity Name FOOD CART SYSTEMS, INC.			
Principal Place of Business 601 CLEVELAND STREET 230 CLEARWATER FL 33755		Mailing Address PO BOX 419 CLEARWATER FL 33757	
2. Principal Place of Business 11 San Marco Street Suite Apt. #, etc. 302		3. Mailing Address Suite, Apt. #, etc. 	
City & State Clearwater, FL		City & State 	
Zip 33767		Zip 	
Country 		Country 	
4. FEI Number 75-2723399		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIBSON, PAUL F. 6015 CLEVELAND STREET CLEARWATER FL 33755		7. Name and Address of New Registered Agent Gibson, Paul F. 11 San Marco Street Suite 302 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Paul F. Gibson</i> February 4, 2003 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GIBSON, PAUL F <input type="checkbox"/> Delete 8168 OYSTER BAYOU WAY CLEARWATER FL 33757	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11 San Marco Street, Suite 302 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBOD POLEWASKI, Xiomara E <input type="checkbox"/> Delete 7814 CANON ROAD TAMPA FL 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Xiomara
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLECK, JOHN D <input type="checkbox"/> Delete 1482 PINE BROOK DRIVE CLEARWATER FL 33755	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition m'BOD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Paul F. Gibson</i> Paul F. Gibson		February 4, 2003 (727) 449-8700	

CR2E034 (10/02)