## 2002 Uniform Business Report (UBR)

## Mar 14, 2002 8:00 am H37232 DOCUMENT # **Secretary of State** 1. Entity Name 03-14-2002 90409 001 \*\*\*300.00 AMERICA'S BEST CHICKEN COMPANY Principal Place of Business Mailing Address 3210 WINTER LAKE ROAD 3210 WINTER LAKE ROAD LINIT 1 UNIT 1 LAKELAND FL 33803 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1748895 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BLANTON, J. ROGER** Street Address (P.O. Box Number is Not Acceptable) 3210 WINTER LAKE ROAD LAKELAND FL 33803 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change ENLOW, WILLIAM G NAME NAME STREET ADDRESS STREET ADDRESS 3210 WINTER LAKE RD. CITY-ST-ZIP CITY-ST-ZIP Lakeland FL ☐ Addition ☐ Change TITLÉ ☐ Delete TITLE **CPVD BLANTON, J. ROGER** NAME NAME STREET ADDRESS STREET ADDRESS 3210 WINTER LAKE RD #1 CITY\*ST-ZIP lakeland fl CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME NAME FARNSWORTH, LEE STREET ADDRESS STREET ADDRESS 121 SHADOW LANE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**SIGNATURE:** ECRETARY/TREASURER

ttachment with an address, with all other like empowered.

changed, or on an a

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

CR2E034 (9/01)