

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/8

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90024 024 \*\*\*\*61.25  
08-31-2000 90111 011 \*\*\*\*88.75

**DOCUMENT # K05427**

1. Entity Name

**FAST ATTACK FOODS, INC.**

*R*

Principal Place of Business

2410 NW 43RD STREET  
GAINESVILLE FL 32606  
US

Mailing Address

2410 NW 43RD STREET  
GAINESVILLE FL 32606  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**1806 NW 27th Terrace**

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

**Gainesville FL**

Zip

**32605**

Country

**US of A**

4. FEI Number

**59-2870608**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SINGLETON, SARAH P.**  
**2410 NW 43RD STREET**  
**GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name

**Same**

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

*see mailing address above*

City

**FL**

Zip Code

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

*Sarah P. Singleton*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-31-00**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>PSD SINGLETON, SARAH P. 2410 NW 43RD STREET GAINESVILLE FL</b>	<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		<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	<b>Singleton, Sarah P. 1806 NW 27th Terrace Gainesville, FL 32605</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice Pres. Joseph M. Pipkin 4595 Beach Blvd Orlando, FL 32803</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>original</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer Katherine S. Pipkin 4595 Beach Blvd Orlando, FL 32803</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>original</i>
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:

*Sarah P. Singleton*

**Sarah P. Singleton**

**7-31-00**

**352 3736521**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)