

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90053 013 ***150.00

DOCUMENT # L16282

1. Entity Name
GUMBY'S OF RALEIGH, NC., INC.



Principal Place of Business
5217 SW 91ST DR.
GAINESVILLE FL 32608
US

Mailing Address
5217 SW 91ST DR.
GAINESVILLE FL 32608
US



2. Principal Place of Business

7731 W. Newberry Rd.
Suite, Apt. #, etc.
Suite A-3

City & State
Gainesville, FL

Zip Country
32606 US

3. Mailing Address

7731 W. Newberry Rd.
Suite, Apt. #, etc.
Suite A-3

City & State
Gainesville, FL

Zip Country
32606 US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2965018

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HIPPLER, CHANCELLOR
4306 SW 94 DR
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating)

DATE

4/21/2003

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DPT
STREET ADDRESS HIPPLER, CHANCE
CITY-ST-ZIP 4306 S.W. 94TH DR.
GAINESVILLE FL 32608

TITLE ☐ Delete
NAME DVPS
STREET ADDRESS O'BRIEN, JEFF
CITY-ST-ZIP 4306 S.W. 94TH DR.
GAINESVILLE FL 32608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/2003

(352) 332-4141

CR2E034 (10/02)