

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90159 042 ***150.00

DOCUMENT # P00000013409

1. Entity Name

POPPA JIM'S, INC.

Principal Place of Business

3809 GOLF COURSE RD.

PERRY FL 32347

Mailing Address

3809 GOLF COURSE RD.

PERRY FL 32347

2. Principal Place of Business

2218 Hwy 19 South

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 58

Suite, Apt. #, etc.

City & State

Perry FL

City & State

Perry FL

Zip

32347

Country

Taylor

Zip

32348

Country

Taylor

4. FEI Number

59-3628577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, CYNTHIA P

3809 GOLF COURSE RD.

PERRY FL 32347

7. Name and Address of New Registered Agent

Name SAMUEL A FARRILL

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

2218 Hwy 19 South

City

Perry FL

FL

Zip Code

32347

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

Samuel A Farrill

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

(NOTE: Registered Agent signature required when reinstating)

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 \$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 PD
NAME MORGAN, CYNTHIA P
STREET ADDRESS 3809 GOLF COURSE RD.
CITY-ST-ZIP PERRY FL 32347 ☒ Delete

TITLE VSTD
NAME MORGAN, DAVID G
STREET ADDRESS 3809 GOLF COURSE RD.
CITY-ST-ZIP PERRY FL 32347 ☒ Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres
NAME FARRILL SAMUEL A
STREET ADDRESS 2218 Hwy 19 South
CITY-ST-ZIP PERRY FL 32347 ☒ Change ☐ Addition

TITLE VP
NAME MEAD BETTINA
STREET ADDRESS 7002 E CAROLINE BLVD.
CITY-ST-ZIP PANAMA CITY FL 32401 ☒ Change ☐ Addition

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

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

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

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

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:

Samuel A Farrill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02 850-838-2109

Date

Daytime Phone #

CR2E034 (9/01)