

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026817

1. Entity Name  
FORERUNNER DONUTS, INC.

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91355 014 \*\*\*150.00

Principal Place of Business  
2973 WESTCOTT DRIVE  
PALM HARBOR FL 34684

Mailing Address  
2973 WESTCOTT DRIVE  
PALM HARBOR FL 34684

2. Principal Place of Business  
4404 W. Gandy Blvd.  
Suite, Apt. #, etc.

3. Mailing Address  
4714 N. Habana Ave  
Apt # 2011  
Suite, Apt. #, etc.

City & State  
Tampa, FL

City & State  
Tampa FL

Zip  
33611  
Country  
Hillsborough

Zip  
33611  
Country  
Hillsborough

4. FEI Number  
22-3536734

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SHABO, THOMAS  
2973 WESTCOTT DRIVE  
PALM HARBOR FL 34684

## 7. Name and Address of New Registered Agent

Name  
Thomas Shabo  
Street Address (P.O. Box Number is Not Acceptable)  
4714 N. Habana Ave  
Apt # 2011  
City  
Tampa, FL 33611 FL Zip Code  
33611

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)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	Hannibal Shabo, Pres. <input type="checkbox"/> Delete 54 Elmwood Terrace Wayne, NJ 07470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas Shabo, V.P. <input type="checkbox"/> Delete 4714 N. Habana Ave #2011 Tampa, FL 33611
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Thomas Shabo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/01 813-870-2855  
Date Daytime Phone #

CR2E034 (10/00)