

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90068 041 \*\*\*550.00

**DOCUMENT # P00000026817**

1. Entity Name  
**FORERUNNER DONUTS, INC.**

Principal Place of Business

**4404 W GANDY BLVD  
TAMPA FL 33611**

Mailing Address

**4714 N HABANA AVE  
APT 2011  
TAMPA FL 33611**

**80135209**



2. Principal Place of Business

3. Mailing Address

**6301 S. Westshore Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**609**

City & State

City & State

**Tampa FL**

4. FEI Number

**22-3536734**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33616**

**Hillsborough**

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHABO, THOMAS  
4719 N HABANA AVE  
APT 2011  
TAMPA FL 33611**

Name

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

**6301 S. Westshore Blvd. -**

**#609**

City

**Tampa**

**FL**

Zip Code

**33616**

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 *Thomas Shabo*  
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 \$550.00**  
**After September 13, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **SHABO, HANNIBAL**  
STREET ADDRESS **54 ELMWOOD TERRACE**  
CITY-ST-ZIP **WAYNE NJ 07470**

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

TITLE **VP** ☐ Delete  
NAME **SHABO, THOMAS**  
STREET ADDRESS **4714 N HABANA AVE #2011**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Shabo, Thomas**  
STREET ADDRESS **6301 S. Westshore Blvd. #609**  
CITY-ST-ZIP **Tampa FL 33616**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-10-02 813-835-1886**

Date Daytime Phone #

CR2E034 (4/02)



Attachment  
# P.00000026817

# FACSIMILE TRANSMISSION INTERNAL REVENUE SERVICE

ATLANTA SERVICE CENTER  
PO BOX 47-421  
TELE-TIN UNIT STOP 751  
DORAVILLE, GA 30362

DATE 632800 RECD \_\_\_\_\_ TIME \_\_\_\_\_

NAME AND TITLE \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

Thomas Shabo

973-628-0056

IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR  
OFFICE PLEASE CALL US AT (678) 530-7925 OR (678) 530-7902.

TOTAL PAGE: 1

COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION  
NUMBER FOR THE ENTITY SHOWN BELOW. YOU SHOULD RECEIVE  
WRITTEN NOTIFICATION OF YOUR EMPLOYER IDENTIFICATION  
NUMBER WITHIN 30 DAYS.

COMPANY NAME:

Forerunner Donuts, Inc.  
EMPLOYER IDENTIFICATION NUMBER (EIN)

22-3588739

## CAUTION:

THIS COMMUNICATION IS INTENDED FOR THE SOLE USE OF THE INDIVIDUAL TO WHOM IT IS  
ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND  
EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS  
COMMUNICATION IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT FOR  
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NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION  
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THE COMMUNICATION TO THE ADDRESS ABOVE VIA THE UNITED STATES POSTAL SERVICE.  
THANK-YOU.