

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90081 024 ***150.00

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DOCUMENT # P00000030921

1. Entity Name
OBEE'S FRANCHISE SYSTEMS, INC.



Principal Place of Business
**1777 TAMiami TR
STE 206
PORT CHARLOTTE FL 33948**

Mailing Address
**1777 TAMiami TR
STE 206
PORT CHARLOTTE FL 33948**

11028027



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0995037**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATRICK, JAMES E
15508 RUSTON CIR
PORT CHARLOTTE FL 48891**

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

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

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

**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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PATRICK, JAMES**
STREET ADDRESS **15508 RUSHTON CIR**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **Director / Secretary** ☐ Change ☒ Addition
NAME **Henry C. MALON**
STREET ADDRESS **44 Wall Street**
CITY-ST-ZIP **New York, NY 10005**

TITLE **VP** ☐ Delete
NAME **KEARNEY, THERON V**
STREET ADDRESS **2132 CHARLOTTE AMALIE CT.**
CITY-ST-ZIP **PUNTA GORDA FL 33951**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Nancy S. Titus**
STREET ADDRESS **14578 River Beach Dr.**
CITY-ST-ZIP **Port Charlotte, FL 33951**

TITLE **D** ☒ Delete
NAME **CHOY, CALVIN**
STREET ADDRESS **7165-35 KOLA TERRACE**
CITY-ST-ZIP **FORT MYERS FL 33907**

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

TITLE **D** ☒ Delete
NAME **MOGIVERN, TIMOTHY**
STREET ADDRESS **23331 DUCHESS AVENUE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

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

TITLE **D** ☒ Delete
NAME **HOBBS, JOSEPH**
STREET ADDRESS **5426 GUIDEPOST TERRACE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

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

TITLE **S** ☐ Delete
NAME **KIRTS, NANCY**
STREET ADDRESS **10106 OWL HEAD CIR**
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **Asistant secretary** ☒ Change ☐ Addition
NAME **Kirts, NANCY**
STREET ADDRESS **10106 Owl Head Circle**
CITY-ST-ZIP **Port Charlotte, FL 33981**

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.

James E. Patrick

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/3

Date

941-625-0773

Daytime Phone #

CR2E034 (10/02)