

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91837 021 ***150.00

DOCUMENT # P000000 31327

1. Entity Name

GOURMET MOBILE RESTAURANTS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4850 ST. JAMES AVE

3. Mailing Address

300 FIFTH AVE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TITUSVILLE FL

City & State

NAPLES FL

4. FEI Number

65-0980215

Applied For

Not Applicable

Zip

32780

Country

Zip

34102

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WATTS, RENITA

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

4850 ST. JAMES AVENUE

City

TITUSVILLE

FL

Zip Code

32780

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 renewing)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIM JOHNSON, CHAIRMAN #20 JUSTICE LANE CONWAY AR 72032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOM LYONS, PRESIDENT 8301 OAKRIDGE SHERWOOD AR 72120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUDY LYONS, VICE PRES 8301 OAKRIDGE SHERWOOD AR 72120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RON DAVIS, SEC/TREAS 311 BOBWHITE LONOKE AR 72086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JASON CULPEPPER, MEMBER 7310 W. RIDGE CIRCLE SHERWOOD AR 72120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WAYNE WINTER, MEMBER 923 LYNN AVE CLARKSDALE, MS 38614

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/03

Daytime Phone #

CR20348 (12/02)