

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2002 8:00 am**  
**Secretary of State**

08-21-2002 90049 022 \*\*\*150.00

**DOCUMENT # P00000057045**

1. Entity Name  
**HI-WAY MART OF GAINESVILLE, INC.**

Principal Place of Business

**1942 N E 23RD AVENUE  
GAINESVILLE FL 32609**

Mailing Address

**1942 N E 23RD AVENUE  
GAINESVILLE FL 32609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3648742**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BASS, KEVIN**

**1942 N E 23RD AVENUE  
GAINESVILLE FL 32609**

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)

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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D BASS, KEVIN**  
STREET ADDRESS **1942 N E 23RD AVENUE**  
CITY-ST-ZIP **GAINESVILLE FL 32609**

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

TITLE ☐ Delete  
NAME **D BASS, OPAL D**  
STREET ADDRESS **1942 N E 23RD AVENUE**  
CITY-ST-ZIP **GAINESVILLE FL 32609**

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

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

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CITY-ST-ZIP

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] SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
Dic. # 00000057045-  
123924

Trim Bookkeeping & Tax Service, Inc.  
6683 Crill Avenue  
Palatka, Florida 32177  
386-328-4164 Phone  
386-325-0804 Fax

July 22, 2002

Div. Of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Hi-Way Mart of Gainesville, Inc.  
1942 NE 23<sup>rd</sup> Avenue  
Gainesville, Florida 32609-3994

To Whom It May Concern,

This letter is to request abatement of penalty my client is being charged for late filing. He brings his information in to me on a quarterly basis. He was late bring in his 1<sup>st</sup> and 2<sup>nd</sup> quarter information in for me to file for him do to a death in the family in March and his father being hospitalized in April and again in June. His manager for this store quit in February. So as you can tell it has not been a good year business wise for my client. Any help you can give us in this matter will be greatly appreciated.

Thank you,

*Lisa Wiggins*  
Lisa Wiggins  
Accountant

LW

cc:file