

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90105 015 \*\*\*150.00

**DOCUMENT # P01000000142**

1. Entity Name

LUPE KINLEY DRIVE-THRU QWIKMART CENTER, INC.

Principal Place of Business

962 MILLARD COURT  
 DAYTONA BEACH FL 32117

Mailing Address

962 MILLARD COURT  
 DAYTONA BEACH FL 32117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3691936

Applied For

Not Applicable

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

BAILEY, BETTIE F DR  
 962 MILLARD COURT  
 DAYTONA BEACH FL 32117

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.

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 \$150.00**  
**After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME KINLEY, LUPE L DR  
 STREET ADDRESS 427 GOLF BLVD  
 CITY-ST-ZIP DAYTONA BEACH FL 32-1148

TITLE ☒ Change ☐ Addition  
 NAME Kinley, Lupe L. Dr.  
 STREET ADDRESS 962 Millard Court  
 CITY-ST-ZIP Daytona Beach, FL. 32117

TITLE ☐ Delete  
 NAME KINLEY, RODNEY B  
 STREET ADDRESS 428 GOLF BLVD  
 CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE ☒ Change ☐ Addition  
 NAME Kinley, Rodney B. Dr.  
 STREET ADDRESS 962 Millard Court  
 CITY-ST-ZIP Daytona Beach, FL. 32117

TITLE ☐ Delete  
 NAME BLUE, RITHA R DR  
 STREET ADDRESS 1003 S. PALMETTO AVE #1  
 CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE ☒ Change ☐ Addition  
 NAME Blue, Retha R. Dr.  
 STREET ADDRESS 962 Millard Court  
 CITY-ST-ZIP Daytona Beach, FL. 32117

TITLE ☐ Delete  
 NAME BAILEY, BETTIE F DR  
 STREET ADDRESS 962 MILLARD COURT  
 CITY-ST-ZIP DAYTONA BEACH FL 32117

TITLE ☒ Change ☐ Addition  
 NAME Bailey, Bettie F, Dr.  
 STREET ADDRESS 962 Millard Court  
 CITY-ST-ZIP Daytona Beach, FL. 32117

TITLE ☐ Delete  
 NAME BROOKS, MONIQUE M  
 STREET ADDRESS 303 CAVAHAN DRIVE #A  
 CITY-ST-ZIP DAYTONA BEACH FL 32117

TITLE ☒ Change ☐ Addition  
 NAME Kinley, Monique M. Dr.  
 STREET ADDRESS 962 Millard Court  
 CITY-ST-ZIP Daytona Beach, FL. 32117

TITLE ☐ Delete  
 NAME MCKINNLEY, EILEEN DR  
 STREET ADDRESS 1530 DECATUR AVENUE  
 CITY-ST-ZIP DAYTONA BEACH FL 32117

TITLE ☒ Change ☐ Addition  
 NAME Kinley, Eileen M. Dr.  
 STREET ADDRESS 962 Millard Court  
 CITY-ST-ZIP Daytona Beach, FL. 32117

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.

Dr. Bettie F. Bailey

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/Treasurer 01/11/02 (386) 252-6838

Date

Daytime Phone #

CR2E034 (9/01)