## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) Jan 13, 2

## DOCUMENT #

P01000000142

1. Entity Name

LUPE KINLEY DRIVE-THRU QWIKMART CENTER, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90074 002 \*\*\*150.00

Principal Place of Business 962 MILLARD COURT DAYTONA BEACH FL 32117				Mailing Address 962 MILLARD COURT DAYTONA BEACH FL 32117								
2. Principal	Place of Busin	3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				FEI Number 59-3691936	59-3691936 Applied For Not Applicable			
Zip Country			Zip	)	5. Certificat		Certificate of Status Desired		\$8.75 Ac	fditional		
	6. Name	and Address of Current	Register	Registered Agent			7. Name and Address of New Registered Agent					
and the second s						Name						
BAILEY, BETTIE F DR				<del>  ,</del>			Street Address (P.O. Box Number is Not Acceptable)					
962 MILLARD COURT				Street Ad			:ss (P.O. B	oux number is Not Acceptable)				
DAYTON	A BEACH FL	32117										
<i>.</i>						City	<del>.</del>		FL	Zip Cod	de	
8. The above the obligation	e named entity ations of registe	submits this statement for	or the purp	oose of changing its	register	ed office or regi	istered ag	ent, or both, in the State of Flori		familiar with,	and accept	
SIGNATURE				<u> </u>								
	Signature, typed or	r printed name of registered agent	and title if ap	plicable (NOTI	E: Registere	d Agent signature rec	quired when re	einstating)	DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							,,	Election Campaign Fina     Trust Fund Contribution.	ncing		00 May Be d to Fees	
10.		DIRECTORS 11.				AD	L DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11		
TITLE	P			☐ Delete	TITLE				2,10,71112	☐ Change	☐ Addition	
NAME	KINLEY, LU	PE L DR			NAM	E				☐ Ollange	Addition	
Street address	ESS 962 MILLARD COURT					ET ADDRESS						
CITY-ST-ZIP		BEACH FL 32117			CITY-	-ST-ZIP						
TITLE	Р			☐ Delete	TITLE					☐ Change	Addition	
NAME	1.	DNEY B DR			NAME	l l				Unange	L] Addition	
STREET ADDRESS	962 MILLAR				STREE	ET ADDRESS						
CITY-ST-ZIP		BEACH FL 32117			CITY-	·ST-ZIP						
TITLE	lv			☐ Delete	TITLE			<del></del>		☐ Change	Addition	
NAME .	BLUE, RETI	IA R.DR			NAME	.				onlings		
Street address	962 MILLAR			•	STREE	ET ADDRESS						
CITY-ST-ZIP		BEACH FL 32117			CITY-	ST-ZiP						
TITLE	ST			☐ Delete	TITLE					Change	Addition	
NAME	BAILEY, BET	ITIE F DR			NAME	:						
STREET ADDRESS	962 MILLAR				STREE	ET ADDRESS						
CITY-ST-ZIP	DAYTONA E	EACH FL 32117			CITY-	ST-ZIP						
TITLE	D			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME		NIQUE M DR			NAME	·				-		
STREET ADDRESS	962 MILLARI	D COURT				T ADDRESS						
CITY-ST-ZIP	DAYTONA B	EACH FL 32117		<del>-</del>	CITY-	ST-ZIP						
TITLE	D			☐ Delete	TITLE					Change	Addition	
IAME	KINLEY, EILI				NAME							
TREET ADDRESS	962 MILLARI				T ADDRESS							
ITY-ST-ZIP	I DAYTONA B	EACH FL 32117			CITY-	ST-ZIP						

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

SENTINE TO TYPED ON PHINTED NAME OF SIGNING OFFICER ON DIRECTOR

1-8-03

(386) 252-6838

Daytime Phone #

CR2E034 (1