

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90009 023 ***150.00

DOCUMENT # P01000064619

1. Entity Name
KINGS FERRY COUNTRY STORE, INC.

Principal Place of Business
7006 ATLANTIC BLVD.
JACKSONVILLE FL 32211-8706

Mailing Address
7006 ATLANTIC BLVD.
JACKSONVILLE FL 32211-8706

2. Principal Place of Business
377990 Kings Ferry Rd
 Suite, Apt. #, etc.

3. Mailing Address
377990 Kings Ferry Rd
 Suite, Apt. #, etc.

City & State
HILLIARD, FL

City & State
HILLIARD, FL

4. FEL Number
59-3727146

Applied For
☐ **Not Applicable**

Zip
32046

Country

Zip
32046

Country

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

6. Name and Address of Current Registered Agent

STRICKLAND, DANIEL H
7006 ATLANTIC BLVD.
JACKSONVILLE FL 32211-8706

7. Name and Address of New Registered Agent

Name
Strickland DANIEL H.
Street Address (P.O. Box Number is Not Acceptable)
377990 Kings Ferry Rd
City **HILLIARD** **FL** **Zip Code** **32046**

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVST	STRICKLAND, DANIEL H	7006 ATLANTIC BLVD.	JACKSONVILLE FL 32211-8706	<input type="checkbox"/>
D	STRICKLAND, DANIEL H	7006 ATLANTIC BLVD.	JACKSONVILLE FL 32211-8706	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		377990 Kings Ferry Rd	HILLIARD FL 32046	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		377990 Kings Ferry Rd	HILLIARD FL 32046	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Daniel H. Strickland* **DANIEL H. STRICKLAND** **1-1502** **904-783-4200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** **Date** **Daytime Phone #**

CR2E034 (9/01)