2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State
01-09-2003 90061 008 ***158.75

DOCUMENT # P01000083235

1. Entity Name
ZIPS TOBACCO OUTLET, INC.

Principal Place of Business	Mailing Address
6557 NORTH SOCRUM LOOP ROAD LAKELAND FL 33809	6557 NORTH SOCRUM LOOP ROAD LAKELAND FL 33809

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2934 So. Florida Ave.	2934 So. Florida Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL.	City & State: Lakeland FL.
Zip: 33803 Country: USA	Zip: 33803 Country: USA

4. FEI Number 59-3739397 ☐ 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
JUNGKLAUS, ERIC 6557 NORTH SOCRUM LOOP ROAD LAKELAND FL 33809 ADDRESS CORRECTION	Name: JUNGKLAUS, ERIC Street Address (P.O. Box Number is Not Acceptable): 252 MENLO PARK AVE. City: DAVENPORT FL Zip Code: 33839

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 _____ 1-7-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JUNGKLAUS, ERIC 6557 NORTH SOCRUM LOOP ROAD LAKELAND FL 33809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 252 MENLO PARK AVE. DAVENPORT, FL. 33839 (ADDRESS ONLY)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FUDGE, JANE D 1880 KINSMAN WAY LAKELAND FL 33809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TORRES, SAM 2410 STANFORD RD APOPKA FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILLIKAN, JUDY 4302 GLENNIS DR LAKELAND FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/7/03 863-688-9914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)