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
6557 NORTH SOCRUM LOOP ROAD
LAKELAND FL 33809

Mailing Address
6557 NORTH SOCRUM LOOP ROAD
LAKELAND FL 33809

2. Principal Place of Business
2934 So. Florida AVE.
Suite, Apt. #, etc.
City & State: LAKELAND, FL.
Zip: 33803 Country: USA

3. Mailing Address
2934 So. Florida AVE.
Suite, Apt. #, etc.
City & State: LAKELAND FL.
Zip: 33803 Country: USA

☑ CHECK HERE IF MAKING CHANGES

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
JUNGKLAUS, ERIC
6557 NORTH SOCRUM LOOP ROAD
LAKELAND FL 33809
ADDRESS CORRECTION

7. Name and Address of New Registered Agent
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

TITLE	D ☐ Delete
NAME	JUNGKLAUS, ERIC
STREET ADDRESS	6557 NORTH SOCRUM LOOP ROAD
CITY-ST-ZIP	LAKELAND FL 33809
TITLE	VP ☐ Delete
NAME	FUDGE, JANE D
STREET ADDRESS	1880 KINSMAN WAY
CITY-ST-ZIP	LAKELAND FL 33809
TITLE	S ☐ Delete
NAME	TORRES, SAM
STREET ADDRESS	2410 STANFORD RD
CITY-ST-ZIP	APOPKA FL 32779
TITLE	T ☐ Delete
NAME	MILLIKAN, JUDY
STREET ADDRESS	4302 GLENNIS DR
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☑ Change ☐ Addition
NAME	
STREET ADDRESS	252 MENLO PARK AVE. (ADDRESS ONLY)
CITY-ST-ZIP	DAVENPORT, FL. 33839
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)