

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90292 002 ***150.00

DOCUMENT # P02000095730

1. Entity Name
C.J. FOOD MARTS, INC.



Principal Place of Business
**190 WYNNHAVEN BEACH ROAD
MARY ESTHER FL 32569**

Mailing Address
**190 WYNNHAVEN BEACH ROAD
MARY ESTHER FL 32569**



2. Principal Place of Business
2200 HWY 98 West

3. Mailing Address
2200 HWY 98 West

☐ CHECK HERE IF MAKING CHANGES

City & State
Mary Esther, FL

City & State
Mary Esther, FL

4. FEI Number
35-2179987

Applied For
☐ Not Applicable

Zip Country
32569 USA

Zip Country
32569 USA

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

6. Name and Address of Current Registered Agent

**MATTHEWS, DANA C ESQ.
607 HIGHWAY 98 EAST
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name **John D Wiggins**
Street Address (P.O. Box Number is Not Acceptable)
190 Wynnhaven Beach Road
City **Mary Esther** **FL** Zip Code **32569**

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 **John D. Wiggins**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/03
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/D John D. Wiggins
STREET ADDRESS	190 Wynnhaven Beach Rd
CITY-ST-ZIP	Mary Esther, FL 32569
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/T Kimberly Wiggins
STREET ADDRESS	190 Wynnhaven Beach Rd
CITY-ST-ZIP	Mary Esther, FL 32569
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **John D. Wiggins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 **(650) 581-6230**
Date Daytime Phone #

CR2E034 (10/02)