

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15701

1. Entity Name

H.B. PAULK GROCERY COMPANY, INC.

Principal Place of Business Mailing Address
HWY 52 P.O. BOX 637
OPP AL 36467 OPP, AL 36467

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
63-0160937 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

LUKE, STANLEY K.
121 COURTHOUSE TERR
CRESTVIEW, FL 32536

Name -
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	YOUmans, FERRIS P.	OLD PERRY STORE ROAD	OPP, AL 36467	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STD	ANDERSON, RENEE Y.	SANDERS ROAD	OPP, AL 36467	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	MURPHY, MARU Y.	HWY 52	OPP, AL 36467	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	ANDERSON, LARRY W.	SANDERS ROAD	OPP, AL 36467	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

FERRIS P. YOUmans

3/10/2000

334-493-3255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90141 022 ***150.00

80038979

DO NOT WRITE IN THIS SPACE