## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 02, 2001 8:00 am Secretary of State DOGUMENT # **P94000014197** M G E R CATERING, INC. 3-02-2001 90118 021 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 623 P.O. BOX 623 **BLOUNTSTOWN FL 32424 BLOUNTSTOWN FL 32424** 05038721 2. Principal Place of Business 3. Mailing Address 19569 SW Sheard's Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sicuntston City & State 4. FEI Number Applied For 59-3235960 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Geraldine B Sheard SHEARD, GERALDINE B Street Address (P.O. Box Number is Not Acceptable) SHEARD'S RD. **BLOUNTSTOWN FL 32424** 19569 Sin Sheards Rol Zip Code ろこらと 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. (NQTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) TITLE ☐ Delete TITLE Sheard, Crevaidine B SHEARD, GERALDINE B. NAME NAME 19569 Sheard's Rd SHEARDS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BLOUNTSTOWN FL** TITI F ☐ Delete ☐ Addition BARNES, EARLENE Enrlene B. McGlockton 16480 River Street Blountstown, Fl 32424 STREET ADDRESS STREET ADDRESS 314 LOCKWOOD AVENUE CITY-ST-ZIP **BLOUNTSTOWN FL** CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition Ruby T. Davis 10877 SE Hwy 695 Biountstown 1 Fl 32424 DAVIS, RUBY T. NAME STREET ADDRESS STREET ADDRESS ROUTE 1 BOX 301 CITY-ST-7IE **BLOUNTSTOWN FL** CITY-ST-ZIP TITLE Delete Change Addition DAWSON, AMANDA NAME NAME Vanessa bawson STREET ADDRESS STREET ADDRESS 1037 YATES STREET 1113 Thomas Drive CITY-ST-ZIP CITY-ST-7IP BLOUNTS TOWN, FI 32424 **BLOUNTSTOWN FL** ☐ Delete TITLE Change ☐ Addition TITLE Marjorie Peterson PETERSON, MARJOR NAME NAME 19503 SE Sheeds Rd STREET ADDRESS STREET ADDRESS SHEARDS ROAD CITY-ST-ZIP CITY-ST-ZIP Bleamt BLOUNTSTOWN FL TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNING OFFICER OR DIRECTOR