

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90353 007 ***150.00

0021859 AV

DOCUMENT # P94000073412

1. Entity Name

CATERING & CONCESSIONS, INC.

Principal Place of Business

6839 RAMONA BLVD
JACKSONVILLE FL 32205
US

Mailing Address

7059 RAMONA BLVD
JACKSONVILLE FL 32205
US

2. Principal Place of Business

3800 St. Johns Bluff Rd. S.
Suite, Apt. #, etc.

3. Mailing Address

3800 St. Johns Bluff Rd. S.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jax FL.

City & State

Jax FL.

4. FEI Number

59-3273250

Applied For
Not Applicable

Zip

32224

Country

U.S.

Zip

32224

Country

U.S.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLER, KEITH M
6839 RAMONA BOULEVARD
JACKSONVILLE FL 32205

Name

Keith Waller

Street Address (P.O. Box Number is Not Acceptable)

2388 Coleen Ln.

City

Green Cove Springs

FL

Zip Code

32043

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

3/29/02

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, 2002 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

TITLE PSTD
NAME WALLER, KEITH M
STREET ADDRESS 6960 RAMONA BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

TITLE VD
NAME WALLER, KIMBERLY K
STREET ADDRESS 6960 RAMONA BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME Keith M. Waller
STREET ADDRESS 2388 Coleen Ln.
CITY-ST-ZIP Green Cove Springs, FL 32043 ☐ Change ☐ Addition

TITLE Vice President
NAME Kimberly K. Waller
STREET ADDRESS 2388 Coleen Ln.
CITY-ST-ZIP Green Cove Springs, FL 32043 ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Waller

3/29/02

Daytime Phone #

(904) 642-5311

CR2E034 (9/01)