

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000031552

1. Entity Name
MARDI GRAS SANDWICH EXPRESS, INCORPORATED

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90277 020 ***150.00

Principal Place of Business

6007 PHILIPS HWY
JACKSONVILLE FL 32216

Mailing Address

6007 PHILIPS HWY
JACKSONVILLE FL 32216

2. Principal Place of Business

2035 PHILIPS HWY #3
Suite, Apt. #, etc.
#3

3. Mailing Address

2035 PHILIPS HWY #3
Suite, Apt. #, etc.
#3



DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL

Zip
32216

Country
DUVAL

City & State
JACKSONVILLE, FL

Zip
32216

Country
DUVAL

4. FEI Number 59-3314747

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AUTIN, DENISE
1807 PENMAN RD
NEPTUNE BEACH FL 32266

7. Name and Address of New Registered Agent

Name N/A
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 _____ (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, 2001 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 **P** ☐ Delete
NAME **AUTIN, DENISE**
STREET ADDRESS **1807 PENMAN RD**
CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

TITLE **VP** ☐ Delete
NAME **ROUSH, PEGGY**
STREET ADDRESS **1807 PENMAN RD**
CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Denise Autin DENISE AUTIN 4-13-01 (904)279-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)