

**200 / UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000096253**

1. Entity Name

**STOP & GO CONVENIENCE STORE, INC.**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90054 008 \*\*\*150.00

Municipal Place of Business  **14021 MT. PLEASANT RD JACKSONVILLE FL 32225**  
 Mailing Address  **347 FOXRIDGE RD ORANGE PARK FL 32065-5187**

2. Principal Place of Business  
 State, Apt. #, etc. City & State Zip Country  
 3. Mailing Address  
 State Apt # etc. City & State Zip Country  
 4. Telephone **59-3349347**  Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KEIL, KENNETH J  
 347 FOXRIDGE RD  
 ORANGE PARK FL 32065**  
 7. Name and Address of New Registered Agent  
 Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code

8. I, the above named entity submits this statement for the purpose of having my registered office or registered agent located in the State of Florida.  
 SIGNATURE \_\_\_\_\_

9. This corporation is eligible to elect to be taxed as an S corporation under Section 1361 of the Internal Revenue Code 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	
NAME	STREET ADDRESS CITY-STATE-ZIP	NAME	STREET ADDRESS CITY-STATE-ZIP
<input checked="" type="checkbox"/> Delete	<b>KEIL, KENNETH J 347 FOXRIDGE RD ORANGE PARK FL 32065</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> New		<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	
<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 60-day grace period provided for in Section 11.07(5)(b), Florida Statutes. I further certify that the information contained on this report or updated annual report is true and accurate and that my signature and name appear on the same, except as I make amendments thereto. I am an officer or director of the corporation or the receiver or trustee of the corporation. In this report as required by the Secretary of State, Florida Statutes; and that my name appears in Block 11 or Block 12 of this report.

SIGNATURE *K. J. Keil* **K. J. Keil** *4/26/2001* **904-221-1197**  
 SIGNATURE OF SIGNING OFFICER OR DIRECTOR Date File No.