"Amended"

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053108

1. Entity Name

RICK'S B.P., INC.

Principal Place of Business / Mailing Address

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -6 PM 5:09

2. Principal Place of Business	3. Mailing Address
379 US Hwy 98	PO BOX 271
Suite, Apt. #, etc. EAS	Suite, Apt. #, etc.
City & State Eastpoint, FL	City & State Eastpoint, FL
Zip 32328 Country USA	Zip 32328 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 593388271 ☐ Applied For ☐ 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
DONNA B. HATHCOCK PO BOX 271 106 LAS BRISAS WAY EASTPOINT, FL 32328	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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete PRESIDENT DONNA B HATHCOCK PO BOX 271 EASTPOINT, FL 32328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☑ Addition VICE PRESIDENT RICKY W. HATHCOCK 106 LAS BRISAS WAY EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800004725778--9 -12/14/01--01007--001 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition JR 12/12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: DONNA B. HATHCOCK President 10/9/01 8506701214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #