## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2002 8:00 am Secretary of State DOCUMENT # P97000062310 1. Entity Name 05-16-2002 90005 040 \*\*\*158.75 JACKPOT CAFE & CATERING, INC Principal Place of Business Mailing Address 1601 NE 25 AVE 524 SE 61 COURT OCALA FL 34470 OCALA FL 34472-3338 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3458170 Not Applicable Zip Country 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 YOUNG, IVAN F Street Address (P.O. Box Number is Not Acceptable) 524 SE 61 CT OCALA FL 34472 City 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. 4 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change | Addition NAME YOUNG, IVAN F NAME STREET ADDRESS 524 SE 61 CT. STREET ADDRESS CITY-ST-7IP OCALA FL 34472 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME YOUNG, JEAN A NAME STREET ADDRESS 524 SE 61 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34472 TITLE Delete TITLE Change \* NAME NAME yyoung, Ivan D STREET ADDRESS STREET ADDRESS 524 SE 61 CT. CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34472 ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition Change 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 en

SIGNATURE AND TYPE

**FILED**