2000	UNIFORM BUS	INESS REPO	RT (UBR)	1~67	
DÖCÜN 1. Entity Name	MENT# P97000	097520		FIL CONFIGNATION OF CONTROL OF THE CONTROL OF CONTROL O	(DE 54A1 t.	
	·		5)	PM 2: 30	
Principal Place Sco45 Store	e of Business GNUENTENCE	Mailing Address '. 2728 N·W	·46 ST	00000116	, , , , , , , , , , , , , , , , , , ,	
2. Principal Place of Business SCOTTS CONVENIENCE STORE 2728 N.W. 46 5T						
Scott's Convenience Store 2728 N·W Suite, Apt. #, etc. Suite, Apt. #, etc.			96 - 1	DO NOT WRITE IN T	HIS SPACE	
			<u></u> -	A Professional Communication of the Communication o	Applied For	
City & State		City & State		4. FEI Number 65-0039684	Applied For Not Applicable	
33142		Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
<i>)), (0</i>	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registe	red Agent	
JOE L SCOTT				Name		
2025 N.W. 69 TERK			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
900,5	mi 71A 33147					
MIAT	1 7/11 93.77		City		FL Zip Code	
0 Th		or the number of changing it	a radiatored office or re	egistered agent, or both, in the State of Florida.		
8. The above	named entity submits this statement is	or the purpose of changing in	s registered office of re	egistered agent, or both, in the state of honda.	,	
SIGNATURE	too Jum	Satt/	·	9/20	2000	
(_/	Alignature, typed or printed name of registered agent	I and title if applicable. (NC	TE: Registered Agent signature	required when reinstating) / D/	ATE/	
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 2	(ii) FEE IS \$150,00 000 Fee will be \$55 ble to Department o	0.60 Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	, OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	owner	☐ Delete	TITLE		Change	
NAME STREET ADDRESS	JUE SCOTT 2728 N.W. 465	Τ	NAME STREET ADDRESS	20000344 -10/26/00	100858 8	
CITY-ST-ZIP	Miani Ha 331	42	CITY-ST-ZiP	-10/25/00 	01044002 — — 75 ****158.75 — 2	
TITLE	owner	☐ Delete	TITLE	,100.	Change Addition	
NAME STREET ADDRESS	100 3001 11 CH		NAME STREET ADDRESS		} .	
CITY-ST-ZIP	Mami Ha 334		CITY-ST-ZIP			
TITLE	owner	. Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	70e SCOTT 2728 n.w. 46 9	ST	NAME STREET ADDRESS			
CITY-ST-ZIP	Miami , 7193	3142	CITY-ST-ZIP			
TITLE -	owner	- Delete	ITTLE -		☐ Change ☐ Addition	
NAME STREET ADDRESS	JUR-SCUTT-	57	NAME STREET ADDRESS	1 Q 10\1.17		
CITY-ST-ZIP		3142	CITY-ST-ZIP	161101-0		
TITLE	owner	☐ Delete	TITLE	T	Change Addition	
NAME STREET ADDRESS	JOE SCOTT 2728 nw. 465	٢	NAME STREET ADDRESS	·		
CITY-ST-ZIP	miani Ha 3	3148-	CITY-ST-ZIP			
TITLE	owner	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	JOE SCOTT 46	ST	NAME STREET ADDRESS			
CITY-ST-ZIP	Miami Fla 3	53142	CITY-ST-ZIP			
indicated	on this report or supplemental report i	is true and accurate and that	my signature shall hav	d in Section 119.07(3)(i), Florida Statutes. I furthe ve the same legal effect as if made under oath; the	at I am an officer of director	
of the cor	poration or the receiver or trustee emp	powered to execute this repo	t as required by Chapt	ter 607, Florida Statutes; and that my name appe	ars in Block 11 or Block 12 if	

9/ /2000 (305)693-0370
Dayline Prone #

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 21, 2000

SCOTT CONVENIENCE STORE, INC. 2025 NW 69 TERRACE MIAMI, FL 33147

SUBJECT: SCOTT CONVENIENCE STORE, INC.

Ref. Number: P97000097520

Thank you for your letter of August 7, 2000, which has been forwarded to me for response.

Based on the contents of your letter our office will grant a one time waiver of the penalty fees at this time. Complete the enclosed 2000 UBR form in its entirety. Please remit the attached letter requesting the fees to be waived with the completed form and appropriate fee(s).

The fee to file the enclosed profit annual report/uniform business report is \$150:00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Kristen Eckel Document Specialist

Letter Number: 300A00044672