2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000012560

DALLAS, TX 75201

2000 EL JOBEAN ROAD

PORT CHARLOTTE, FL 33948

MURPHY, TIM

(X) Delete

City-St-Zip:

Title:

Name:

Address: City-St-Zip:

Entity Name: HOME RUN FOOD SERVICES, INC.

FILED Feb 19, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2300 EL JOBEAN RD PORT CHARLOTTE, FL 33948 **Current Mailing Address: New Mailing Address:** 1000 BALLPARK WAY 2300 EL JOBEAN RD PORT CHARLOTTE, FL 33948 ARLINGTON, TX 76011 FEI Number: 74-2869607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHARLOTTE RANGERS, INC. 2300 EL JOBEAN RD PORT CHARLOTTE, FL 33948 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MCMICHAEL, JOHN F MCLAUGHLIN, RICK Name: Name: 2300 E JOBEAN ROAD 1000 BALLPARK WAY Address: Address: ARLINGTON, TX 76011 City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: HICKS, THOMAS O Name: COFFMAN, CASEY 200 CRESCENT COURT, STE 1600 1000 BALLPARK WAY Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ARLINGTON, TX 76011

() Change () Addition

SIGNATURE: RICK MCLAUGHLIN SD 02/19/2002