

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
 03-06-2000 90114 020 ***150.00

DOCUMENT # P98000081989

1. Entity Name
WHOPPER STOPPER, INC.

Principal Place of Business ISLAND DR. JACKSONVILLE FL 32250	Mailing Address 14565 ISLAND DR. JACKSONVILLE FL 32250-2317
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C0033131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10800 Old St. Augustine Rd. Suite, Apt. #, etc. #206	3. Mailing Address 10800 Old St. Augustine Rd. Suite, Apt. #, etc. #206
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City & State JACKSONVILLE, FL	City & State JACKSONVILLE FL
Zip 32257	Country DUVAL

4. FEI Number 59-3538717	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
STANCIL, PATRICIA A
 14565 ISLAND DR.
 JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent
 Name **STANCIL, PATRICIA A.**
 Street Address (P.O. Box Number is Not Acceptable)
 10800 Old St. Augustine Rd.
 Unit #206
 City **JACKSONVILLE** FL Zip Code **32257**

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 *Patricia A. Stancil* DATE *2/28/00*
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 Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
P STANCIL, PATRICIA A 14565 ISLAND DR. JACKSONVILLE FL 32250			10800 Old St. Augustine Rd. unit #206 JACKSONVILLE, FL 32257		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Patricia A. Stancil* DATE *2/28/00* 904-313-4138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)