

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90182 003 ***550.00

DOCUMENT # P98000098178

1. Entity Name
CORE CONVENIENCE, INC.



Principal Place of Business
2123 SUITE F 1ST STREET
FT. MYERS FL 33901

Mailing Address
2123 SUITE F 1ST STREET
FT. MYERS FL 33901



2. Principal Place of Business

3. Mailing Address

1611 Hendry St

1611 Hendry St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8

8

City & State

City & State

Fort Myers FL

Fort Myers FL

Zip

Zip

Country

Country

33901

Lee

33901

Lee

4. FEI Number 65-0877364

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECHDEL, BRIAN
2123 SUITE F 1ST STREET
FT. MYERS FL 33901

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

8-27-03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BECHDEL, BRIAN**
STREET ADDRESS **2123 FIRST STREET**
CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE **D** ☒ Change ☐ Addition
NAME **Bechdel, Brian**
STREET ADDRESS **1611 Hendry St**
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-03

Date

239-337-2245

Daytime Phone #

CR2E034 (4/03)