

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90100 012 ***150.00

DOCUMENT # P99000109389

1. Entity Name
MEDALLION CONVENIENCE STORES, INC.

Principal Place of Business
2078 SO.HWY.441
APOPKA FL 32703

Mailing Address
2078 SO.HWY.441
APOPKA FL 32703

2. Principal Place of Business
2078 S. ORANGE BLOSSOM TR
 Suite, Apt. #, etc.

3. Mailing Address
STAME
 Suite, Apt. #, etc.

City & State
APOPKA, FLA

City & State

4. FEI Number **59-3614104**

Applied For
 Not Applicable

Zip
32703

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, KENNETH L
2078 SO.HWY.441
APOPKA FL 32703

Name **WOOD KENNETH L**

Street Address (P.O. Box Number is Not Acceptable)

2078 South ORANGE Blossom TR.

City **APOPKA, FLA** **FL** Zip Code **32703**

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 **KENNETH L. WOOD**
 Signature, typed or printed name of registered agent and title if applicable.

Kenneth L. Wood **President**
 (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
 NAME **WOOD, KENNETH L**
 STREET ADDRESS **2078 S HWY 441**
 CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE **President** ☐ Delete
 NAME **WOOD KENNETH L**
 STREET ADDRESS **2078 South ORANGE Blossom TR**
 CITY-ST-ZIP **APOPKA, FLA 32703**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 empowered.

SIGNATURE: **Kenneth L. Wood**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

407-986-8050

Daytime Phone #

CR2E034 (10/00)