

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91618 006 ***158.75

DOCUMENT # P99000109389

1. Entity Name

MEDALLION CONVENIENCE STORES, INC.

Principal Place of Business

**2078 S. ORANGE BLOSSOM TR.
 APOPKA FL 32703**

Mailing Address

**2078 S. ORANGE BLOSSOM TR.
 APOPKA FL 32703**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2070 S. Orange Blossom Trail
 Suite, Apt. #, etc.

3. Mailing Address

2070 S. Orange Blossom Trail
 Suite, Apt. #, etc.

City & State

Apopka FL

City & State

Apopka FL

4. FEI Number

59-3614104

Applied For

Not Applicable

32703

Country

USA

32703

Country

USA

5. Certificate of Status Desired

X

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WOOD, KENNETH L
 2078 S. ORANGE BLOSSOM TR.
 APOPKA FL 32703**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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

TITLE **P** ☐ Delete
 NAME **WOOD, KENNETH L**
 STREET ADDRESS **2078 S. ORANGE BLOSSOM TR.**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Wood, Kenneth L.**
 STREET ADDRESS **2070 S. Orange Blossom Trail**
 CITY-ST-ZIP **Apopka, FL 32703**

TITLE ☐ Change ☐ Addition
 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 filers empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E034 (9/01)