

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S06352

1. Entity Name
FAST STOP, INC.

Principal Place of Business
5532 RICKER RD.
JACKSONVILLE FL 32244

Mailing Address
5532 RICKER RD.
JACKSONVILLE FL 32244

2. Principal Place of Business
9021 MARLEE Rd.
Suite, Apt. #, etc.

3. Mailing Address
9021 MARLEE Rd.
Suite, Apt. #, etc.

City & State
JACKSONVILLE FL
Zip 32222 Country DUVAL

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JACKSONVILLE FL
Zip 32222 Country DUVAL

4. FEI Number 59-3031781
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, CAROLYN
9021 MARLEE ROAD
JACKSONVILLE FL 32222

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 *Carolyn Smith* CAROLYN SMITH Reg Agent 7-28-00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	VP	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JERRY R., JR.	
STREET ADDRESS	8828 S BANDERA CIR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CAROLYN	
STREET ADDRESS	9021 MARLEE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32222	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, SANDRA D	
STREET ADDRESS	4158 DEER TRAIL	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY R. SMITH SR.	
STREET ADDRESS	9021 MARLEE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32222	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 *Jerry R. Smith Sr.* JERRY R SMITH SR 7-28-00 904-778-0192
Signature and typed or printed name of signing officer or director Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90030 035 ***550.00