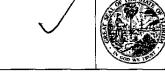
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #	V66027	

1. Entity Name

MCB CONVENIENCE STORES, INC.



Principal Place of Business Mailing Address -9250 DEAR LAKE ROAD 358 NEEDLES TRAIL LONGWOOD FL 32779 APOPKA FE 32779 2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Zip Country 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

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

POOLE, WILLIAM F IV 644 W. COLUNIAL DR. ORLANDO FL 32804

SIGNATURE

LONGWOOD

8.	The above named entity submits this statement for the purpose of changing its registered off	fice or registered agent,	or both, in the State of Florida	. I am familiar with,	and accept
	the obligations of registered agent.	•			

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS:\$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS .10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITLE ☐ Delete TITLE BALCOM, MIKE CAROL NAME NAME STREET ADDRESS 358 NEEDLES TRAIL STREET ADDRESS NEEDLES TR LONGWOOD FL CITY-\$T-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 direct 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

SIGNATURE:

Daytime Phone #