

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001843**

1. Entity Name  
**7 DAYS FOOD STORE OF SEMINOLE, L.C.**

**FILED**  
01 JAN 22 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>8532 SEMINOLE BOULEVARD SEMINOLE FL 33777</b>	Mailing Address <b>8532 SEMINOLE BOULEVARD SEMINOLE FL 33777</b>
---	---

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

4. FEI Number **59-3536420**      Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**T.J. CARRIGANT & CO., INC.  
11282 W. HILLSBOROUGH AVE  
TAMPA FL 33635**

7. Name and Address of New Registered Agent

Name **WHITTEMORE + CO, LCP**  
Street Address (P.O. Box Number is Not Acceptable)  
**11282 W. HILLSBOROUGH AVE**  
City **TAMPA**      FL      Zip Code **33635**

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 **THOMAS J. CARRIGANT PRINCIPAL** *Thomas J. Carrigan*      DATE **1/17/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME <b>MGRM MAHMOOD, JALAL UDDIN</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>8532 SEMINOLE BLVD.</b>	
CITY-ST-ZIP <b>SEMINOLE FL 33777</b>	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

**500003582265--4**  
**-01/26/01--01136--008**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **NOTRE REQUIRED**      DATE: **1/17/01**      Daytime Phone #

CR2E083 (11/00)