

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

0159539 AV

DOCUMENT # 300954

1. Entity Name
GARDNER'S SUPER MARKETS, INC., #4



04-23-2003 90200 026 ***150.00

Principal Place of Business
**26 DOCKSIDE LANE
OCEAN REEF CLUB
NORTH KEY LARGO FL 33037
US**

Mailing Address
**C/O LAWRENCE M. PLOUCHA
1946 TYLER STREET
HOLLYWOOD FL 33022-2088
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1108709**

Applied For
 Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLOUCHA, LAWRENCE M. E
ATKINSON, DINER, STONE, BLACK & MANKUTA, P.A.
1946 TYLER STREET
HOLLYWOOD FL 33020**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D GARDNER, JOSEPH T.**
STREET ADDRESS **9351 SW 56TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **PD ADAMS, MAURICE D.**
STREET ADDRESS **9351 SW 56TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **STDV ADAMS, ELIZABETH**
STREET ADDRESS **9351 SW 56TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D SCHWARTZ, LOUISE G**
STREET ADDRESS **9351 SW 56TH ST**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 19.07(3)(4), Florida Statutes. I further certify that the information indicated on this report or supplement is true and correct and that my signature is a true and correct signature as 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Adams, Maurice D.* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **2/24/03** Daytime Phone # **3056679003**

CR2E034 (10/02)