

FILED
May 29, 2002 8:00 am
Secretary of State

04-03-2002 90034 032 ***150.00

2002
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 352849
1. Entity Name
Streit's, Inc.

87914

DO NOT WRITE IN THIS SPACE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4820 NW 13th Street
Suite, Apt. #, etc.

3. Mailing Address
4820 NW 13th Street
Suite, Apt. #, etc.

City & State
Gainesville, FL
Zip 32609 Country USA

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Gainesville FL
Zip 32609 Country USA

4. FEI Number 59-1291576 Applied For Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Mike Jones
Street Address (P.O. Box Number is not acceptable): 14823 S.W. 19th Street
City Archer FL Zip Code 32618

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: Michael Jones DATE: 3/16/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$450.00 Amended UBR is \$61.25 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	Director	TITLE	
NAME	Mike Jones	NAME	
STREET ADDRESS	14823 S.W. 19th Street	STREET ADDRESS	
CITY-ST-ZIP	Archer, FL 32618	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Marion Jones	NAME	
STREET ADDRESS	14823 S.W. 19th Street	STREET ADDRESS	
CITY-ST-ZIP	Archer, FL 32618	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like information.

SIGNATURE: DATE: 3/16/02 DOCUMENT # 3523762637

CR250346 (12/01)