Jan 31 70 09:37p anita bittick 8

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91330 037 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L28162

1. Entity Name
Tidewater Deli, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 620 W Beach Dr
Suite, Apt #, etc
City & State: Panama City, Fl
Zip: 32401 Country: USA

3. Mailing Address: Same
Suite, Apt. #, etc
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2995516 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Gary Smith
Street Address (P.O. Box Number is Not Acceptable): 620 W Beach Dr
City: Panama City FL Zip Code: 32401

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 ________________________________ DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	Gary Smith 620 W Beach Dr Panama City, Fl 32401
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone