

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90003 018 ****50.00

0036781

DOCUMENT # M00000001795

1. Entity Name
AMERICAN FOOD PRODUCTS, LLC

Principal Place of Business 500 CLEVELAND STREET CLEARWATER FL 33755	Mailing Address P.O. BOX 419 CLEARWATER FL 33757
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 601 Cleveland Street	3. Mailing Address
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Suite, Apt. #, etc. Suite 230	Suite, Apt. #, etc.
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City & State Clearwater	City & State
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4. FEI Number 36-4384619	Applied For Not Applicable
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Zip FL	Country 33755	Zip	Country
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOOD CART SYSTEMS, INC.
~~500 CLEVELAND STREET~~
 CLEARWATER FL 33755

Address Change →

Name
Street Address, P.O. Box Number (Not Acceptable) 601 Cleveland Street
Suite 230
City Clearwater
State FL
Zip Code 33755

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 *Paul F. Gibson, Chairman*

January 10, 2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGR GIBSON, PAUL F 3156 OYSTER BAYOU WAY CLEARWATER FL 33759	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	P POLEWASTI, XIOMARA 7614 CARON RD TAMPA FL 33615	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Paul F. Gibson, Chairman* *January 10, 2002* (727) 449-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)