

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90212 038 ***150.00

DOCUMENT # **P02000047335**

1. Entity Name

MAINLAND FOOD DISTRIBUTORS INC.



DO NOT WRITE IN THIS SPACE

10066213

2. Principal Place of Business

2652 HORSESHOE CT

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA, FL

City & State

4. FEI Number

81-0560791

Applied For

Not Applicable

Zip

32926

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TODD MEGNA

Street Address (P.O. Box Number is Not Acceptable)

2652 HORSESHOE CT

City

COCOA

FL

Zip Code

32926

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent is required if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **PRESIDENT**
NAME **TODD MEGNA**
STREET ADDRESS **2652 HORSESHOE CT**
CITY-ST-ZIP **COCOA FL 32926**

TITLE **TODD MEGNA**
NAME **V PRES**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TODD MEGNA**
NAME **TREASURES**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TODD MEGNA**
NAME **SECRETARY**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

TODD M MEGNA

TODD M MEGNA

4-8-03

321-635-8816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)