

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019233

1. Entity Name

MCCRAY'S SOUL FOOD INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90038 007 \*\*\*150.00

Principal Place of Business

Mailing Address

3995 SABAL LAKES ROAD  
 DELRAY BEACH FL 33445

3995 SABAL LAKES ROAD  
 DELRAY BEACH FL 33445-1216

2. Principal Place of Business

1499 S. CONGRESS AVE

3. Mailing Address

1499 S. CONGRESS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Dehay Bch FL

Dehay Bch

City & State

City & State

Zip 33445 Country USA

Zip 33445 Country USA

4. FEI Number

65-0897813

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC  
 4521 PGA BLVD STE 211  
 PALM BEACH GARDENS FL 34418

7. Name and Address of New Registered Agent

Name Edward Everett

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

3995 SABAL LAKES RD

City Dehay Bch

FL

Zip Code 33445

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 Edward Everett

3-10-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	<input type="checkbox"/> Delete
	D EVERETT, EDWARD M JR	3995 SABAL LAKES ROAD	DELRAY BEACH FL 33445	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward M. Everett Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (9/99)