2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900045595 1. Entity Name COURTESY FOODS INC.					FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA			
					01 JUL -6 AM 8:	49		
5432 S	te of Business tarwood Place ta, Fl 34232	d Place 34232	· ·					
2. Principal Place of Business		3. Mailing Address			1 9000044814490 -07/17/0101093011 po Nき神精神科・名号 spate****61・25			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE-II	1 THIS SPACE		
City & State		City & State			FEI Number 65-0923621		plied For ot Applicable	-
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add	ditional	1
	6. Name and Address of Current R	egistered Agent			Name and Address of New Regi			┨
	or traine and reduces of contell to	-2-arelea uldeur	Name		They want to contract the treat			1
Womeldorph :Howard R. Jr. 7648 Lockwood Ridge Rd.				Street Address (P.O. Box Number is Not Acceptable)				
	sota, F1 34243							1
			City	City FL Zip Code				
8. The above	named entity submits this statement for	the purpose of changing its req	gistered office or r	egistered ag		a. ,		1
:						•		
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	egistered Agent signatur	e required when re	einstating) ()	DATE		
9 This corne	pration is eligible to satisfy its Intangible	FILE NOWILL	FEE IS \$150.0					1
Tax filling requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		60.00	ate 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
11.	OFFICERS AND D	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTORS		1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MODESTO MAZAG 5432 STARWOOD	>PL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	325 C	TSIDENT IN Solden Gate PT ota FL 34236	□ Change ♥ 7	L Addition	CR2E034 (11/00)
	SARASOTA, FC							빙
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · - · - ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MODE 5432 5AR	PRESIDENT, 3TO MAZAEDA STARWOOD F ASOTA FL3	Perfange	Addition	5
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NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP -				·—-	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
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TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME]
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	1
NAME		•	NAME			CD.		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			SP		
			UIII-3)-ZIF					
13. Thereby o	pertify that the information supplied with t	his filing does not qualify for th	L	d in Section	119.07(3)(i). Florida Statutes I fur	ther certify that the in	nformation	1

SIGNATURE: Modesta Mazaeda 6/25/01

SIGNATURE: Modesta Mazaeda 6/25/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM OFFICER OR DIRECTOR

Date Daytime Phone #