

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S68010

1. Entity Name

FOOD SUPPLY, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90027 003 ***150.00

Principal Place of Business P.O. BOX 1752 DAYTONA BEACH FL 32115	Mailing Address P.O. BOX 1752 DAYTONA BEACH FL 32115-1752
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3075766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CROTTY, MICHAEL D 501 N. GRANDVIEW DAYTONA BEACH FL 32118		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACKS, DAVID	NAME	
STREET ADDRESS	36 TWIN RIVERS	STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUSA, JAMES	NAME	
STREET ADDRESS	2453 AVOCADO DRIVE	STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTZEL, STEPHEN	NAME	
STREET ADDRESS	32 MARJORIE TRAIL	STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACKS, LEONARD	NAME	
STREET ADDRESS	935 N. GRANDVIEW AVENUE	STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: Leonard Sacks **LEONARD SACKS** Date: 4/4/2000 Daytime Phone #: 904 2523746

CR2E034 (9/99)