2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 188142

Entity Name: FLORIDA FOOD SERVICE, INC.

FILED Jan 24, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5201 N.E. 40 TERR

GAINESVILLE, FL 32609 US

Current Mailing Address: New Mailing Address:

P O BOX 5247

GAINESVILLE, FL 32627 US

FEI Number: 59-0756596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ISLAM S JAMES

5020 N.W. 19TH PLACE
GAINESVILLE, FL 32605

US

ISLAM, JOEL S PARTNER
1724 NW 51ST TERRACE
GAINESVILLE, FL 32605

US

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: JOEL S. ISLAM 01/24/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD () Delete Title: VPD (X) Change () Addition Name: O'STEEN, STEVE M. Name: O'STEEN, STEVE M.

Address: 4001 N.W. 31 TERRACE Address: 18320 NW 55TH PLACE City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: ALACHUA, FL 32615

Title: PD () Delete Title: () Change () Addition Name: ISLAM S. JAMES. Name:

 Name:
 ISLAM S. JAMES,
 Name:

 Address:
 5020 N.W. 19 PL
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 ISLAM, JEFFREY S.
 Name:

 Address:
 4019 NW 23RD DR.
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 ISLAM, JOEL S.
 Name:

 Address:
 1724 N.W. 51ST TERRACE
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL S. ISLAM CFO 01/24/2003