Principal Place of Business     Mailing Address       27 S. Anyon RADO ORKNO BEACH FL 2017     P. EXX 283 DUTTON BEACH FL 2015-3830       2. Phincipal Place of Business     3. Mailing Address       Sole, Ap. 4, ec.     Sole, Ap. 4, ec.       City & State     City & State       2. Down of Motion BEACH FL 2017-58     Do NOT WRITE IN THIS SPACE       2. Down of Motion BEACH FL 2017-59     Accined Full       2. Down of Motion BEACH FL 2017-59     Accined Full       2. Down of Motion BEACH FL 2017-59     Scheriker of Status       2. Down of Motion BEACH FL 2017-59     Scheriker of Status       2. Down of Motion BEACH FL 2017-59     Scheriker of Status       2. Down of Motion BEACH FL 2017-59     Scheriker of Status       2. Name and Address of Counter Deglatered Agent     Name and Address of New Reglatered Agent       FRAMK, HARVEY     To Status Of Counter Termination Status       7. Status and Address of Counter Deglatered Agent     Name and Address of New Reglatered Agent       FRAMK, HARVEY     Status Of Counter Termination Status     Notific Status       0. Mail on address of Counter Termination Status     Onto Counter Termination Status     Notific Status       0. Mail on address of Counter Termination Status     Notific Status     Notific Status       0. Mail on address of Counter Termination Status     Notific Status     Notific Status       0. Mail on address of Counter Terminat	2000 UNIFORM BUS DOCUMENT # 277131 1. Entity Name CITY PROVISIONERS, INC.			FILED Feb 02, 2000 8:00 am Secretary of State 02-02-2000 90036 010 ***158.75	
2. Principal Place of Bus ress       3. Mailing Address         2. Principal Place of Bus ress       3. Mailing Address         Suite, APL #, etc.       Suite, APL #, etc.         Chy & State       4. FEI Number         Chy & State       4. FEI Number         Suite, APL #, etc.       Suite, APL #, etc.         Chy & State       4. FEI Number         20       Country         70       Country         20       Country         75       Country         757 S. NOVA ROAD         OHNOND BEACH FL 32174         Street Address of Number of Bus resp.         Street Address of State rest         Street Address of Number Flagstatered Agent         FRAME, HARPEY         757 S. NOVA ROAD         Off         Street Address of Number is IN Acceptable         Off Content rest         Street Address of Number is IN Acceptable         Off Content rest         Street Address of Number is IN Acceptable         Street Address of Number is IN Acceptable         Street Address of Number is IN Acceptable         Strecorest address of Number is IN Acceptable	Principal Place of Business	Mailing Address		-	
Suite, Apt. #, etc.       Suite, Apt. #, etc.       Suite, Apt. #, etc.       D NOT WRITE HI THS SPACE         City & State       Cay & State       Cay & State       4. FEI Number       Sp-1037769       Applied For INA Ap			63		
City & State       City & State       4. FEI Number       Sp 1037769       Applied For         Zip       Country       Zip       Country       S. Certificate of Salta Desired       State Applied For         Zip       Country       Zip       Country       S. Certificate of Salta Desired       State Applied For         Replication       R. Name and Address of Current Replications Agent       Name       Name and Address of Now Replications Agent         FRAMK, HARVEY       75 S. NOVA ROAD       Strold Address of Now Replications Agent       Name         FRAMK, HARVEY       To Survey       Strold Address of Now Replications Agent       Name         Strold Address of Now Replications the statement for the purpose of changing its regulated diffic or regulated agent, or both, in the State of Florida.       Strold Address of Now Replication         Strold Address of Now Replication Company       Dott       Dott       The Address of Now Replication Company         Strold Address of Now Replication Company       The Address of Now Replication Company       Dott         Strold Address of Now Replication Company       The Address of Now Replication Company       Dott         Strold Address of Now Replication Company       The Address of Now Replication Company       Dott         Strold Address of Now Replication Company       The Address of Now Replication Company       Address of Now Replication Compan	2. Principal Place of Business 3. Mailing Add				
Zip     Country     7ip     Country     5. Certificate of Status Desired     INA Application       6. Name and Address of Current Registered Agent     7. Name and Address of Wer Registered Agent     Name     Registered Agent       FRANK, HARVEY     7. So Address of Current Registered Agent     Name     Registered Agent       FRANK, HARVEY     7. So Address of Current Registered Agent     Name       FRANK, HARVEY     Stradt Address (PO. Box Number is Not Acceptable)     Stradt Address (PO. Box Number is Not Acceptable)       7. S. Nova Robot extry bar of sparse age int if the purpose (manging its registered agent, or both, in the State of Florida.       SiGNATUFE     Stradt Address of Corrent Registered agent, or both, in the State of Florida.       SigNATUFE     The above named entity submits this statement for the purpose (manging its registered agent, or both, in the State of Florida.       SigNATUFE     The above named entity its Intragitie     After MAY 1,2000 Fee will be \$550.00       10. Elector Campaga Financing     Added to Fees       11. OFFICERS AND DIFECTORS     12. AdDITION/OF ANNES TO OFFICERS AND DIFECTORS IN 11       11. OFFICERS AND DIFECTORS     12. AdDITION/OF ANNES TO OFFICERS AND DIFECTORS IN 11       11. OFFICERS AND DIFECTORS     12. AdDITION/OF ANNES TO OFFICERS AND DIFECTORS IN 11       11. OFFICERS AND DIFECTORS     12. Addition Were Strate and State of Florida.       11. OFFICERS AND DIFECTORS     12. Contre       11. OFFICE	Suite, Apt. #, etc.			4. FEI Number 50-1037760 Applied For	
Zip         Country         Zip         Country         S. Certificate of Status Desired         Status TS Additional Fee Propuisor           0. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           PRANK, HARVEY 757 S. NOVA ROAD ORMOND BEACH FL 32174         Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           Image: Address of NovA ROAD ORMOND BEACH FL 32174         Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           Image: Address of NovA ROAD ORMOND BEACH FL 32174         Name and Address of NovA ROAD ORMOND BEACH FL 32174         Tel Country         FL 20 Code           Image: Address of NovA ROAD ORMOND BEACH FL 32174         NovA ROAD ORMOND BEACH FL 32174         Tel Country         Tel Country         Date           Image: Address of NovA ROAD ORMOND BEACH FL 32174         NovA ROAD ORMOND BEACH FL 32174         Tel Country         Address of NovA ROAD ORMOND BEACH FL 32176         NovA ROAD ORMOND BEACH FL 32176         Date           Image: Address of NovA ROAD (See Orders and Date NovA ROAD ORECORDS ND UNIT 612 ORMOND BEACH FL 32176         The Address ORMOND BEACH FL 32176         The Address ORMOND BEACH FL 32176         Date           Image: Address Image: Addre	City & State				
E. Rame and Address of Current Registered Agent     FRANK, HARVEY     757 S. NOVA ROAD     ORMOND BEACH FL 32174     Series Address (PC: Box Number is Not Acceptible)     Series Address (PC: Box Number is Not Acceptible)     Series Address (PC: Box Number is Not Acceptible)     Series Address of New Registered Agent     Name     Series Address     Series     Series	Zip Country	Zip		5. Certificate of Status Desired	
FRANK, HARVEY 757 S. NOVA ROAD ORMOND BEACH FL 32174       Street Address (PO. Box Humber is Not Acceptable)         Stommone       FLE       Zip Code         B. The above named entity submits this statement for the purpose of changing its registered affica or registered agent, or both, in the State of Florida.       Stommone         Stommone       Stommone       Stommone       FLE       Note: State of Florida.         Stommone       Stommone       Stommone       Stommone       Stommone       Stommone         Stommone       Stommone       Stommone       Stommone       Stommone       Stome       Stome         Stommone       Stommone       Stome       The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.       State of Florida.         Stommone       Stome       The NOWIII FEE IS 3150:00 Make Check: Psychol to Department of State       10. Election Campaign Financing Tast Fund Contribution.       Stome Added to Fees         11.       OrtHORERS AND DIFECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11       Stome Added to Fees         11.       OrtHORERS AND DIFECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11       Change       Addition         11.       OrtHORERS AND DIFECTORS       12.       Addition       Stomer Addition       Stome Addition <td>6. Name and Address of Current</td> <td>Registered Agent</td> <td><u>دى روميوسايد من مند</u></td> <td></td>	6. Name and Address of Current	Registered Agent	<u>دى روميوسايد من مند</u>		
757 S. NOVA ROAD ORMOND BEACH FL 32174       December 2010 (Normal State of Revised agent, or both, in the State of Revise.         8. The above named onthy submits this statement for the purpose or anarging its registered agent, or both, in the State of Revise.       The December 2010 (Normal State of Revise.         SiGNATURE			Name		
Thy provide the statement for the purpose ochanging its registered agent, or bolh, in the State of Florida.   SiGNATURE   Signame, topic or string fund of fundational agent and the state of string fundational agent and the state of fundational agent agent and the state of fundational agent and the state of fundational agent ag	757 S. NOVA ROAD		Street Address	s (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
Tax filing requirement and elects to do so. (See criteria on back)       After MAY 1, 2000 Fee will be \$500.00       Trust Fund Contribution.       Added to Fees         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         TITLE       VD       Delete       ITTLE       Change       Addition         MAKE       ROGERS, RICHARD       ITTLE       NAME       Change       Addition         MAKE       ROGERS, RICHARD       ITTLE       ITTLE       Change       Addition         MAKE       ROGERS, RICHARD       IDelete       ITTLE       IDELEX       Change       Addition         MAKE       FRANK, HARVEY       IDELEX       STREET ADDRESS       IDELEX       Change       Addition         ITTLE       CD       ORMOND BEACH FL 32176       IDELEX       STREET ADDRESS       IDELEX       Change       Addition         ITTLE       VOS       IDELEX       STREET ADDRESS       IDELEX       IDELEX <th>SIGNATURE Signature, typed or printed frame of registered agent</th> <th>and title if applicable. (NOTE: R</th> <th>legistered Agent signature requi</th> <th>ired when reinstating) DATE</th>	SIGNATURE Signature, typed or printed frame of registered agent	and title if applicable. (NOTE: R	legistered Agent signature requi	ired when reinstating) DATE	
TITLE       VD       Delete       TITLE       Change       Addition         NAME       ROGERS, RICHARD       NAME       STREET ADDRESS       Change       Addition         STREET ADDRESS       577 PELICAN BAY DRIVE       STREET ADDRESS       Change       Addition         DAYTONA BEACH FL 32119       CITY-ST-2P       Change       Addition         ITTLE       CD       Date       TITLE       Change       Addition         NAME       STREET ADDRESS       I JOHN ANDERSON DR, UNIT 612       STREET ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P       Change       Addition         NAME       FRANK, LARRY       Delete       TITLE       Change       Addition       Addition         NAME       FRANK, LARRY       STREET ADDRESS       CITY-ST-2P       Change       Addition         NAME       FRANK, LARRY       STREET ADDRESS       CITY-ST-2P       Change       Addition         NAME       STREET ADDRESS       CITY-ST-2P       CRANGES       Change       Addition         NAME       STREET ADDRESS       CITY-ST-2P       Change       Addition         NAME       STREET ADDRESS       CITY-ST-2P       Change       Addition         NAME	(See criteria on back)	Make Check Payable	to Department of S	Trust Fund Contribution.	
NAME       ROGERS, RICHARD       NAME         STREET ADDRESS       577 FEUCAN BAY DRIVE       STREET ADDRESS         CITY-ST-2P       DAYTONA BEACH FL 32119       CITY-ST-2P         TITLE       CD       Delete       TTLE         NAME       FRANK,HARVEY       NAME         STREET ADDRESS       JOHN ANDERSON DR, UNIT 612       STREET ADDRESS         CITY-ST-2P       ORMOND BEACH FL 32176       CITY-ST-2P         TITLE       VDS       TTLE       NAME         STREET ADDRESS       127 BUCKSKIN LN       STREET ADDRESS         CITY-ST-2P       ORMOND BEACH FL 32174       CITY-ST-2P         TITLE       PD       Delete       TTLE         NAME       STREET ADDRESS       CITY-ST-2P         ORMOND BEACH FL 32174       CITY-ST-2P       Change         TITLE       PD       Delete       TTLE         NAME       STREET ADDRESS       CITY-ST-2P         CITY-ST-2P       ORMOND BEACH FL 32174       CITY-ST-2P         TITLE       PD       Delete       TTLE         NAME       STRET ADDRESS       CITY-ST-2P         CITY-ST-2P       ORMOND BEACH FL 32174       CITY-ST-2P         CITY-ST-2P       ORMOND BEACH FL 32174       C					
TITLE       CD       Image       TITLE       Image       Image       Addition         NAME       FRANK,HARVEY       NAME       STREET ADDRESS       1 JOHN ANDERSON DR, UNIT 612       STREET ADDRESS       CITY-ST-2P       Image       Addition         TITLE       VDS       ORMOND BEACH FL 32176       Image       Image <t< td=""><td>NAME ROGERS, RICHARD STREET ADDRESS 577 PELICAN BAY DRIVE</td><td></td><td>NAME STREET ADDRESS</td><td></td></t<>	NAME ROGERS, RICHARD STREET ADDRESS 577 PELICAN BAY DRIVE		NAME STREET ADDRESS		
TITLE       VDS       IDelete       TITLE       International control of the control of the receiver of the	TITLE CD NAME FRANK,HARVEY STREET ADDRESS 1 JOHN ANDERSON DR, UNIT 6		NAME STREET ADDRESS	Change Addition	
ITTLE       PD       Delete       TTTLE       Change       Addition         NAME       BENDIX, JOSEPH       NAME       STREET ADDRESS       757 S. NOVA ROAD       STREET ADDRESS         OTTY-ST-ZIP       ORMOND BEACH FL 32174       CITY-ST-ZIP       ORMOND BEACH FL 32174       CITY-ST-ZIP         ITTLE       V       Delete       TTTLE       Change       Addition         NAME       FRANK, LINDA       NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         NAME       FRANK, LINDA       NAME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         NAME       FRANK, ANDERSON DR, UNIT 612       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       CHange       Addition         NAME       FRANK, ANDREA       NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         NAME       FRANK, ANDREA       IDelete       TTTLE       Change       Addition         NAME       FRANK, ANDREA       NAME       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         NAME       FRANK, ANDREA       IDelete       TTTLE       Change       Change       Addition         NAME       S	TITLE VDS NAME FRANK, LARRY STREET ADDRESS 127 BUCKSKIN LN	Delete	NAME STREET ADDRESS	Change Addition	
ITTLE       V       Delete       ITTLE       V       Change       Addition         NAME       FRANK, LINDA       NAME       NAME       STREET ADDRESS       1 JOHN ANDERSON DR, UNIT 612       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       ORMOND BEACH FL 32176       CITY-ST-ZIP       ORMOND BEACH FL 32176       CITY-ST-ZIP         TITLE       V       Delete       TITLE       Change       Addition         NAME       FRANK, ANDREA       Delete       TITLE       Change       Addition         NAME       FRANK, ANDREA       Delete       TITLE       Change       Addition         NAME       FRANK, ANDREA       STREET ADDRESS       CITY-ST-ZIP       Change       Addition         13. t 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 or director or director or director or director or fibre corporation 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 or director 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	TITLE PD NAME BENDIX, JOSEPH STREET ADDRESS 757 S. NOVA ROAD	Delete	NAME STREET ADDRESS	Change Addition	
TITLE       V       Delete       TITLE         NAME       FRANK, ANDREA       NAME         STREET ADDRESS       127 BUCKSKIN LN       STREET ADDRESS         CITY-ST-ZIP       ORMOND BEACH FL 32174       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	TITLE V NAME FRANK, LINDA STREET ADDRESS 1 JOHN ANDERSON DR, UNIT 6		TITLE NAME STREET ADDRESS	Change Addition	
<ol> <li>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</li> </ol>	TITLE V NAME FRANK, ANDREA STREET ADDRESS 127 BUCKSKIN LN	Delete	TITLE NAME STREET ADDRESS	Change Addition	
	<ol> <li>I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empirication.</li> </ol>	owered to execute this report as	e exemption stated in signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if	