

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0433771 AV

DOCUMENT # 296049

1. Entity Name

HANDY FOOD STORES, INC.

03-29-2002 91536 001 ***635.00

Principal Place of Business

**8330 ADAMO DRIVE
P.O. BOX 1808
TAMPA FL 33619**

Mailing Address

**8330 ADAMO DRIVE
P.O. BOX 1808
TAMPA FL 33619**

2. Principal Place of Business

927 U.S. Highway 301 South

3. Mailing Address

P. O. Box 1808

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Fl

City & State

Tampa, Fl

Zip

Country

Zip

Country

33619

33601-1808

4. FEI Number

59-1118596

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

**BEVER, ANDREW J. JR.
9330 ADAMO DRIVE
TAMPA FL 33619**

7. Name and Address of New Registered Agent

Name

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

927 U.S. Highway 301 South

City

Tampa,

FL

Zip Code
33619

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

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, 2002 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	D BEVER, J. ANDREW 9330 ADAMO DR. TAMPA FL 33619	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSC EASTERMAN, DAVID A. 9330 ADAMO DRIVE TAMPA FL 33619	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. BEVER, JR., J. ANDREW 9330 ADAMO DR TAMPA FL 33619	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 927 U.S. Highway 301 South
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition T/S 927 U.S. Highway 301 South
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 927 U.S. Highway 301 South
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

David A. Easterman

3/12/02 (813) 621-6411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)