

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-04-2001 90127 035 ***150.00

DOCUMENT # 326698

1. Entity Name

H & O FOOD SALES, INC.

Principal Place of Business

Mailing Address

305 WEST MAIN STREET
 LAKELAND FL 33801

305 WEST MAIN STREET
 LAKELAND FL 33801

2. Principal Place of Business

8000 ST RD 33 NORTH

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 90214

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number

59-1206529

Applied For

☐ Not Applicable

Zip

33809

Country

POLK

Zip

33804

Country

POLK

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RITTER, JESSE V

~~305 W MAIN ST~~ ~~P.O. Box 90214~~ ~~8000 ST RD 33 N~~

~~LAKELAND FL 33801~~ **LAKELAND, FL 33804** ~~33809~~

Name

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

City

FL

Zip Code

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	RITTER, JESSE V	
STREET ADDRESS	305 WEST MAIN	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RITTER, DELL M	
STREET ADDRESS	305 WEST MAIN	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 90214	
CITY-ST-ZIP	LAKELAND, FL 33804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 90214	
CITY-ST-ZIP	LAKELAND, FL 33804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Jesse V. Ritter **JESSE V. RITTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-01

Date

863-904-5656

Daytime Phone #

CR2E034 (10/00)