

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 376193

1. Entity Name

LI'L SAINTS FOODS, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90018 001 ***550.00

Principal Place of Business

ROUTE 707, RIO
JENSEN BCH. FL 34958-8057

Mailing Address

P.O. BOX 1057
JENSEN BEACH FL 34958-1057

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 59-1311771

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIMON, LAWRENCE J
ST. RD 707 RIO
STUART FL 33494

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	TIMON, LAWRENCE J	
STREET ADDRESS	1393 NW COCOANUT PT RD	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARPER, JOHN	
STREET ADDRESS	533 SW CARTER AVENUE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSE, SLATER	
STREET ADDRESS	511 MANOR DR	
CITY-ST-ZIP	STUART FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	TIMON, GAY	
STREET ADDRESS	1393 NW COCOANUT PT RD	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSTON, NAN	
STREET ADDRESS	1005 SUMNER AVE.	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, JUDI	
STREET ADDRESS	1309 PATHFINDER	
CITY-ST-ZIP	STUART FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
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:

Lawrence J. Timon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE J. TIMON

7/11/00

561-334-2113

CR2E034 (5/00)