

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90044 042 ***150.00

DOCUMENT # 431342

1. Entity Name
CAREFREE FOOD ENTERPRISES INC

Principal Place of Business

**763 N BEACH ST
 ORMOND BEACH FL 32174
 US**

Mailing Address

**763 N BEACH ST
 ORMOND BEACH FL 32174
 US**

2. Principal Place of Business

4182 SANDRA LANE
 Suite, Apt. #, etc.

3. Mailing Address

4182 SANDRA LANE
 Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

4. FEI Number

59-1478724

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FREIDUS, ELIAS, JR.
 763 N BEACH ST
 ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

Name **HOWARD CARREY**

Street Address (P.O. Box Number is Not Acceptable)
4182 SANDRA LANE

City **ORMOND BEACH**

FL

Zip Code **32174-9335**

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 *Howard Carrey*

(NOTE: Registered Agent signature required when reinstating)

DATE

04-18-02

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 **PD** ☐ Delete
NAME **FREIDUS, ELIAS, JR.**
STREET ADDRESS **687 N BEACH ST**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **STD** ☐ Delete
NAME **CARREY, HOWARD**
STREET ADDRESS **763 N BEACH ST**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **4182 SANDRA LANE**
STREET ADDRESS **ORMOND BEACH, FL**
CITY-ST-ZIP **32174-9335**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Howard Carrey **HOWARD CARREY** **04-18-02** **386-677-1836**

CR2E034 (9/01)