

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90076 007 ***150.00

DOCUMENT # 431342

1. Entity Name
CAREFREE FOOD ENTERPRISES INC



Principal Place of Business
4182 SANDRA LANE
ORMOND BEACH FL 32174-9335
US

Mailing Address
4182 SANDRA LANE
ORMOND BEACH FL 32174-9335
US

2. Principal Place of Business

4182 SANDRA LANE

Suite, Apt. #, etc.

3. Mailing Address

4182 SANDRA LANE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1478724**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CARREY, HOWARD
4182 SANDRA LANE
ORMOND BEACH FL 32174-9335

7. Name and Address of New Registered Agent

Name

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

4182 SANDRA LANE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Howard Carrey*
Signature, typed or printed name of registered agent and title if applicable.

HOWARD CARREY

01-14-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CARREY, HOWARD
4182 SANDRA LANE
ORMOND BEACH FL 32174-9335

☐ Delete

TITLE
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CITY-ST-ZIP
☒ Change ☐ Addition
4182 SANDRA LANE

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Howard Carrey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-03
Date

386-677-1836
Daytime Phone #

CR2E034 (10/02)