

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90603 014 ***150.00

DOCUMENT # 433104

1. Entity Name
FLEMING CORP.



Principal Place of Business
BOX 7121
TAMPA FL 33673

Mailing Address
BOX 7121
TAMPA FL 33673

2. Principal Place of Business
Box 7121

3. Mailing Address
Box 7121

Suite, Apt. #, etc.
1

Suite, Apt. #, etc.

City & State
Tampa

City & State
Tampa

Zip
33673

Country
Hills

Zip
33673

Country
Hills

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1677870**

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

HARMS, ROBERT A.
55TH STREET
TAMPA FL 33619

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 **PD**
NAME **HARMS, ROBERT**
STREET ADDRESS **BOX 7121 N/A**
CITY-ST-ZIP **TAMPA FL 33673**

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CITY-ST-ZIP

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 11, 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

Robert A Harms

1-5-02

Date

Daytime Phone #

CR2E034 (10/02)