2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

510997 **DOCUMENT #**

1. Entity Name

CHIPLEY DISCOUNT FOOD CORPORATION



FILED Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90053 030 ***150.00

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2. Anning Place of Business Sulfa Apt #, etc.	Principal Place of Business 1264 CHURCH AVENUE CHIPLEY FL 32428		P.O. B	P.O. BOX 37				<u> </u>				
Cry & State Cry &	Principal Place of Business 3. Mailing Address						1		181 B)BII BIB1		811 81811 1861	
Country Zip	Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Se. Name and Address of Current Registered Agent For Registered Agent YOUNG, CARL 675 MAIN STREET CHIPLEY FL 32428 City FL Zip Code 6. The above named entity submits this statement for the surpose of changing its reg stored office or registered agent, or both, in the State of Force, i. am familiar with and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 Make Check Pryable to Florida Department of State 10. OFFICUIS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. PONUS, CARL STREET AUBIESS OFFI-51-2P CHIPLEY FL 32428 CHY-51-2P CHIPLEY FL 32428 CHY-51-2P C	City & State	;	City	City & State			4. FEI Number 59-1693152					
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City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, specified agent and the agentable (NOTE Registered Agent signature required when remaining) After May 1, 2003 Fee will be \$55.00 Make Cheek Payable to Fortida Department of State OFFICERS AND DIRECTORS ITTLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE AMAGE TO DEBE TO DEBE THE AMAGE STREET ADDRESS CITY-S1-2P THE AMAGE STREET ADDRESS CITY-S1-2P	<u> </u>	6. Name and Address of Currer	it negistere	u Ageni		Name	3					
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		cortify that the information supplied s	with this filing	does not qualify for			Section	n 119.07(3)(i), Florida Statutes. I f	urther cert	ify 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:

1-6-03