

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # 591204**

1. Entity Name  
**INCREDIBLE EDIBLES, INC.**



02-24-2003 91081 001 \*\*\*\*\*8.75  
02-24-2003 91081 002 \*\*\*150.00

Principal Place of Business  
**618 DREW STREET  
CLEARWATER FL 33755  
US**

Mailing Address  
**618 DREW STREET  
CLEARWATER FL 33755  
US**



2. Principal Place of Business

**1465 S. FT. HARRISON AVENUE  
SUITE 102**

3. Mailing Address

**1465 S. FT. HARRISON AVENUE  
SUITE 102**

City & State

**CLEARWATER, FL**

City & State

**CLEARWATER, FL**

Zip

**33756**

Country

**USA**

Zip

**33756**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1860701**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOMSTEIN, NANCY  
1015 VICTORIA DR.  
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name **RENE ALEQUIN**

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

**1465 S. FT. HARRISON AVENUE**

**SUITE 102**

City

**CLEARWATER**

FL

Zip Code

**33759**

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)

**1/10/03**  
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

TITLE **PDS** ☒ Delete  
NAME **BOMSTEIN, NANCY**  
STREET ADDRESS **618 DREW STREET**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **T** ☒ Delete  
NAME **BOMSTEIN, NANCY**  
STREET ADDRESS **618 DREW STREET**  
CITY-ST-ZIP **CLEARWATER 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☐ Change ☒ Addition  
NAME **MICHELLE LEE**  
STREET ADDRESS **1465 S. FT. HARRISON AVENUE, SUITE 102**  
CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE **T/S/D/V** ☐ Change ☐ Addition  
NAME **RENE ALEQUIN**  
STREET ADDRESS **1465 S. FT. HARRISON AVENUE, SUITE 102**  
CITY-ST-ZIP **CLEARWATER FL 33756**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/03 (727) 441-2010**  
Date Daytime Phone #

CR2E034 (10/02)