

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90379 008 ***550.00

DOCUMENT # F01000002475

1. Entity Name
NEXT DAY GOURMET, INC.

Principal Place of Business
9755 PATUXENT WOODS DRIVE
COLUMBIA MD 21046

Mailing Address
9755 PATUXENT WOODS DRIVE
COLUMBIA MD 21046

123188



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 52-2190438	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, JAMES L 9755 PATUXENT WOODS DRIVE COLUMBIA MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS AMBRAMSON, DAVID M 9755 PATUXENT WOODS DRIVE COLUMBIA MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAISER, MARK P 9755 PATUXENT WOODS DRIVE COLUMBIA MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUTTON, JAMES R 9755 PATUXENT WOODS DRIVE COLUMBIA MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, ERNIE J 9755 PATUXENT WOODS DRIVE COLUMBIA MD <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Faith E. Harrison <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHIPPLE, DAVID 9755 PATUXENT WOODS DRIVE COLUMBIA MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9755 Patuxent Woods Drive Columbia, MD 21046 <input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Faith E. Harrison* **Faith E. Harrison** Tel: 410-312-7100
 Assistant Secretary **July 11, 2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment



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123188

Rita J. Herring
Paralegal
Tel 410.309.4415 Fax 410.309.6465
Email: rita.herring@usfood.com

VIA CERTIFIED MAIL

July 24, 2002

Florida Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: **Next Day Gourmet, Inc.**
FEIN 52-2190438
2002 Annual Report

Dear Sir or Madam:

Enclosed please find the annual report and application for withdrawal for the above referenced company. Also enclosed is a company check in the amount of \$550 for the filing fee.

If you have any questions or need additional information, please do not hesitate to contact me. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rita J. Herring', with a long horizontal flourish extending to the right.

Rita J. Herring
Paralegal

Enclosures