

# 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

4. FEI Number **52-2190438**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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

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 **P** ☐ Delete  
 NAME **MILLER, JAMES L**  
 STREET ADDRESS **9755 PATUXENT WOODS DRIVE**  
 CITY-ST-ZIP **COLUMBIA MD**

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

TITLE **VS** ☐ Delete  
 NAME **AMBRAMSON, DAVID M**  
 STREET ADDRESS **9755 PATUXENT WOODS DRIVE**  
 CITY-ST-ZIP **COLUMBIA MD**

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

TITLE **V** ☐ Delete  
 NAME **KAISER, MARK P**  
 STREET ADDRESS **9755 PATUXENT WOODS DRIVE**  
 CITY-ST-ZIP **COLUMBIA MD**

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

TITLE **V** ☐ Delete  
 NAME **SUTTON, JAMES R**  
 STREET ADDRESS **9755 PATUXENT WOODS DRIVE**  
 CITY-ST-ZIP **COLUMBIA MD**

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

TITLE **V** ☒ Delete  
 NAME **SMITH, ERNIE J**  
 STREET ADDRESS **9755 PATUXENT WOODS DRIVE**  
 CITY-ST-ZIP **COLUMBIA MD**

TITLE ☐ Change ☒ Addition  
 NAME **Assistant Secretary**  
 STREET ADDRESS **Faith E. Harrison**  
 CITY-ST-ZIP **9755 Patuxent Woods Drive**  
**Columbia, MD 21046**

TITLE **V** ☐ Delete  
 NAME **WHIPPLE, DAVID**  
 STREET ADDRESS **9755 PATUXENT WOODS DRIVE**  
 CITY-ST-ZIP **COLUMBIA MD**

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

CR2E034 (4/02)

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

SIGNATURE:

*Faith E. Harrison*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Faith E. Harrison**

Tel: 410-312-7100

**Assistant Secretary**

**July 11, 2002**

Date

Daytime Phone #

*Attachment*



*# 01000002475*  
*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