

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0802603 AV

DOCUMENT # F14898

1. Entity Name
BOB & TOD'S MARKET, INC.



FILED

03 OCT 27 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
% CLARA ADDISON
2911 OKEECHOBEE ROAD
FT. PIERCE FL 34947-1614

Mailing Address
% CLARA ADDISON
2911 OKEECHOBEE ROAD
FT. PIERCE FL 34947-1614

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

59-2048936

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADDISON, CLARA
2911 OKEECHOBEE ROAD
FORT PIERCE FL 34947

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 *Clara Addison*

10/24/03

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 P
NAME ADDISON, CLARA
STREET ADDRESS 2405 ROYAL PALM DRIVE
CITY-ST-ZIP FT PIERCE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600023590286
10/16/03--01045--018 **\$600.00

TITLE ST
NAME NOBLE, SYLVIA A
STREET ADDRESS 2500 LAZY HAMMOCK LN
CITY-ST-ZIP FT PIERCE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600023590286
10/06/03--01073--015 **\$150.00

TITLE V
NAME ADDISON, MICHAEL
STREET ADDRESS 1904 ZEPHYR AVE
CITY-ST-ZIP FT. PIERCE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT 03

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Michael Addison MICHAEL ADDISON 4-23-03 772-461-3049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)