

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F47373**1. Entity Name  
PIPELINE FOOD STORES, INC.Principal Place of Business  
42 SLEEPY HOLLOW RD.  
  
MIDDLEBURG FL 32068  
Mailing Address  
P.O. BOX 8  
  
DOCTORS INLET FL 320302. Principal Place of Business  
42 SLEEPY HOLLOW RD.3. Mailing Address  
42 SLEEPY HOLLOW ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIDDLEBURG FLCity & State  
MIDDLEBURG FL4. FEI Number  
**59-2128570**  
Applied For  
Not ApplicableZip Country  
32068 USZip Country  
32068 US5. 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**SMITH HULSEY & BUSEY  
225 WATER STREET  
SUITE 1800  
JACKSONVILLE FL 32201  
USName  
BLACKBURN DENNIS L  
Street Address (P.O. Box Number is Not Acceptable)  
5150 BELFORT ROAD SOUTH  
BUILDING 500  
City JACKSONVILLE FL Zip Code 32256

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.

SIGNATURE **DENNIS L. BLACKBURN****04/27/2001**

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 DM ☒ Delete  
NAME BENDER STEVE  
STREET ADDRESS 42 SLEEPY HOLLOW RD  
CITY-ST-ZIP DOCTORS INLET FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE S ☐ Delete  
NAME KOSCIANSKI MARILYN  
STREET ADDRESS 42 SLEEPY HOLLOW RD  
CITY-ST-ZIP DOCTORS INLET FLTITLE S ☒ Change ☐ Addition  
NAME ALFRED ALICIA  
STREET ADDRESS 42 SLEEPY HOLLOW ROAD  
CITY-ST-ZIP MIDDLEBURG FL 32068TITLE VPC ☐ Delete  
NAME GAINEY TONI  
STREET ADDRESS 42 SLEEPY HOLLOW RD  
CITY-ST-ZIP DOCTORS INLET FLTITLE V/T ☒ Change ☐ Addition  
NAME HAMRICK RICHARD G  
STREET ADDRESS 42 SLEEPY HOLLOW ROAD  
CITY-ST-ZIP MIDDLEBURG FL 32068TITLE V ☐ Delete  
NAME EYRICK, PETER T.  
STREET ADDRESS 42 SLEEPY HOLLOW RD.  
CITY-ST-ZIP DOCTORS INLET FLTITLE V ☒ Change ☐ Addition  
NAME LAMONT CHARLES A  
STREET ADDRESS 42 SLEEPY HOLLOW ROAD  
CITY-ST-ZIP MIDDLEBURG FL 32068TITLE CP ☐ Delete  
NAME ASHBY, GEORGE H., JR.  
STREET ADDRESS 42 SLEEPY HOLLOW ROAD  
CITY-ST-ZIP DOCTORS INLET FLTITLE C/P ☒ Change ☐ Addition  
NAME ASHBY, JR. GEORGE H  
STREET ADDRESS 42 SLEEPY HOLLOW ROAD  
CITY-ST-ZIP MIDDLEBURG FL 32068TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: ALICIA ALFRED****S****04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)