

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0369947 AV

DOCUMENT # G64869

1. Entity Name
INCREDIBLE EDIBLES OF DELRAY BEACH, INC.

04-01-2002 90631 032 ***150.00

Principal Place of Business
2101 NW BOCA RATON BLVD.
SUITE 1
BOCA RATON FL 33431

Mailing Address
2101 NW BOCA RATON BLVD.
SUITE 1
BOCA RATON FL 33431



2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.
SAME AS ABOVE

DO NOT WRITE IN THIS SPACE

City & State
SAME AS ABOVE

City & State
SAME AS ABOVE

4. FEI Number **59-2352164** Applied For Not Applicable

Zip *SAME AS ABOVE* Country
 Zip *SAME AS ABOVE* Country

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

6. Name and Address of Current Registered Agent
RADER, STUART A
2101 NW BOCA RATON BLVD., STE. 1
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
 Name: *N/A*
 Street Address (P.O. Box Number is Not Acceptable): *N/A*
 City: *N/A* FL Zip Code: *N/A*

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: *[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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P HAMILL, NANCY 12 BRINY BREEZES BLVD. BOYNTON BEACH FL 33435 <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	VP OCAMPO, CLAUDIA 837 DENERY LN DELRAY BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **NANCY P HAMILL** 3/20/02 561 243 1216
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)