

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H29945

1. Entity Name
EASTERN POTATO DEALERS, INC.

Principal Place of Business
1255 W. ATLANTIC BLVD.
SUITE 22
POMPANO BEACH FL 33069

Mailing Address
1255 W. ATLANTIC BLVD.
SUITE 22
POMPANO BEACH FL 33069

2. Principal Place of Business

1255 W Atlantic Blvd
Suite, Apt. #, etc.
Suite 118

3. Mailing Address

1255 W Atlantic Blvd
Suite, Apt. #, etc.
Suite 118

City & State
Pompano Beach FL.

City & State
Pompano Beach FL.

Zip
33069

Country
USA

Zip
33069

Country
USA

4. FEI Number 59-2466334

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZAHLER, JO ANN
1255 W ATLANTIC BLVD
SUITE 22
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name JO Ann Zahler
Street Address (P.O. Box Number is Not Acceptable)
1255 W. Atlantic Blvd
Suite 118
City Pompano Beach FL Zip Code 33069

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 Jo Ann Zahler DATE 1/7/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 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

TITLE PD
NAME ZAHLER, JO ANN
STREET ADDRESS 500 S. OCEAN BLVD. #908
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE T
NAME ZAHLER, JO ANN
STREET ADDRESS 500 S. OCEAN BLVD. #908
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE VP
NAME ZAHLER, KENNETH
STREET ADDRESS 123 MAPLE AVE.
CITY-ST-ZIP RIVERHEAD NY 11901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: Jo Ann Zahler DATE 1/7/02 9549412099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90008 027 ***150.00

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DO NOT WRITE IN THIS SPACE

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