

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90446 045 ***150.00

DOCUMENT # J28748

1. Entity Name

F & S NATURAL FOODS, INC.



DO NOT WRITE IN THIS SPACE

10077806

2. Principal Place of Business

#13
12305 UNIVERSITY MALL

Suite, Apt. #, etc.

SPACE #13

City & State

TAMPA, FL.

Zip
33612

Country

HILLSBOURGH

3. Mailing Address

587 RUSH DR.

Suite, Apt. #, etc.

City & State

SAN MARCOS, CALIF.

Zip

92078

Country

SAN DIEGO

4. FEI Number

59-2705663

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FRANK POSTUMA

Street Address (P.O. Box Number is Not Acceptable)

587 RUSH DR. 12305 UNIVERSITY

MALL #13 TAMPA, FL 33612

City

SAN MARCOS CALIF.

Zip Code

92078

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	PRES. + TREASURER
NAME	FRANK POSTUMA
STREET ADDRESS	587 RUSH DR
CITY - ST - ZIP	SAN MARCOS CALIF. 92078
TITLE	VP + SEC.
NAME	SHZANNE POSTUMA
STREET ADDRESS	587 RUSH DR
CITY - ST - ZIP	SAN MARCOS, CALIF. 92078
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK POSTUMA

4-12-03 760 744-6207

Date

Daytime Phone #

CR2E034B (12/02)