

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90203 043 \*\*\*150.00

**DOCUMENT # K09462**

1. Entity Name  
**FLORIDA FOOD SERVICES ASSOCIATES, INC.**



Principal Place of Business  
**62 CHURCH-ST**  
**2**  
**WYNESVILLE FL 28786**  
**US**

Mailing Address  
**P.O. BOX 208**  
**WAYNESVILLE NC 28786**

2. Principal Place of Business  
**15 Kit Court**  
Suite, Apt. #, etc.

3. Mailing Address  
**P O Box 2750**  
Suite, Apt. #, etc.

City & State  
**Fletcher, NC**  
Zip  
**28732** Country  
**US**

City & State  
**Fairview, NC**  
Zip  
**28730** Country  
**US**

4. FEI Number  
**58-1763237**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**KUMPF, GERALD E**  
**333 SUNSET DR**  
**# 908**  
**FT LAUDERDALE FL 33301**

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	KUMPF, GERALD E.	62 CHURCH ST S-2	WAYNESVILLE NC 28786	<input type="checkbox"/>
D	GREENSPAN, STEPHEN H.	62 CHURCH ST S-2	WAYNESVILLE NC 28786	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	Kumpf, Gerald E.	15 Kit Court	Fletcher, NC 28732	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

CR2E034 (10/02)

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: **Gerald E. Kumpf**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/11/03** **828-456-6152**  
Date Daytime Phone #