

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K84690

1. Entity Name
FONTINA FOODS, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State
04-19-2000 90032 018 ***150.00

Principal Place of Business
**485 N.W. ENTERPRISE DR.
PORT ST. LUCIE FL 34986
US**

Mailing Address
**FONTINA FOODS, INC
P.O. BOX 847
TROY AL 36081-0847
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-0124847** Applied For
Not Applicable

5. 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

**KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET, 28TH FLOOR
MIAMI FL 33131**

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.

SIGNATURE **DAVID STEED**
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, 2000 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSCAINO, MICHAEL		NAME		
STREET ADDRESS	485 N.W. ENTERPRISE DR.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUDSON, PAUL R		NAME		
STREET ADDRESS	101 HUDSON ST.		STREET ADDRESS		
CITY-ST-ZIP	TROY AL 36081		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEED, DAVID		NAME		
STREET ADDRESS	101 HUDSON ST.		STREET ADDRESS		
CITY-ST-ZIP	TROY AL 36081		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDEGREE, HENRY B		NAME		
STREET ADDRESS	101 HUDSON ST.		STREET ADDRESS		
CITY-ST-ZIP	TROY AL 36081		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOVE, KENNETH J		NAME		
STREET ADDRESS	101 HUDSON ST.		STREET ADDRESS		
CITY-ST-ZIP	TROY AL 36081		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STARKE, BOLLING P		NAME		
STREET ADDRESS	101 HUDSON ST.		STREET ADDRESS		
CITY-ST-ZIP	TROY AL 36081		CITY-ST-ZIP		

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: **DAVID STEED** **1/4/2000** **334-566-6220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)