

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90011 012 ***150.00

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601889

DO NOT WRITE IN THIS SPACE

DOCUMENT # K95624

1. Entity Name

ATLANTIC FOOD SERVICES, INC.

Principal Place of Business

ROBERT J. MARIANO
P O BOX 546
OCOOEE FL 34761

Mailing Address

%ROBERT J. MARIANO
P O BOX 546
OCOOEE FL 34761-0546

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MARIANO, ROBERT J.
5821 MEDINAH WAY
ORLANDO FL 32819

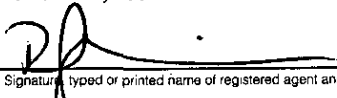
Name

Street Address

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE



ROBERT J. MARIANO

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required)

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PST
MARIANO, ROBERT J.
5821 MEDINAH WAY
ORLANDO FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of a declaration of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR