

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90304 033 ***150.00

DOCUMENT # L59097

1. Entity Name
SUPERMARKET SPECIALTIES, INC.

Principal Place of Business
13725 BEACH BLVD
#4
JACKSONVILLE FL 32224

Mailing Address
13725 BEACH BLVD
#4
JACKSONVILLE FL 32224



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3004430**

Applied For
 Not Applicable

Zip Country

Zip Country

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

BROWN, CAROLYN D
10 HOPSON RD
JACKSONVILLE BEACH FL 32250

Name **BROWN, CAROLYN D.**
 Street Address (P.O. Box Number is Not Acceptable)
13844 SILK VINE LANE
 City **JACKSONVILLE** FL Zip Code **32224**

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 Carolyn D. Brown, Pres. (CAROLYN D. BROWN) FEB. 25, 2002
 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.
 (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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **CDS**
 STREET ADDRESS **BROWN, NOEL S**
 CITY-ST-ZIP **10 HOPSON RD**
JACKSONVILLE BCH FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **13844 SILK VINE LANE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Delete
 NAME **DPT**
 STREET ADDRESS **BROWN, CAROLYN D**
 CITY-ST-ZIP **10 HOPSON RD**
JACKSONVILLE BCH FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **13844 SILK VINE LANE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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: Carolyn D. Brown, Pres. CAROLYN D. BROWN 2/25/02 821-5335
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)