NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000000431

1. Entity Name

FILED Apr 29, 2003 8:00 am Secretary of State 04-29-2003 90070 013 ****61.25

CHRIS	STLIKE FLAVOR MIN	ISTRIES, INC							
	DO NOT WRITE	IN THIS SF	PACE		1(0090938			
2. Principal f	Place of Business	3. Mailing Address			4		-		
1416 REDBIRD CREEK DR		1416 REDBIRD CREEK DR							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			[DO NOT WRITE (N	N THIS SPAC	E	
City & Sta	to	City & State			4. FEI Number			Applied Fo	
JACKSONVILLE, FL		JACKSONVILLE, FL			01-057	5394		Not Applica	
Zip	Country	Zip	Country		[<u> </u>	75 Additional	
32221	DUVAL	32221	DUVAL		5. Certificate of S	tatus Desired		Required	′
and the second control		-	,		7. Name and Addr	ess of Current Rec	gistered Age	nt	
She adds Strong Strong			∴ ⇒ Name BR	AILSF	ORD, MAR	LAND			ļ
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE				1416 REDBIRD CREEK DR					
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		*	City	CKSON	IVILLE		$FL \begin{vmatrix} \frac{7}{3} \end{vmatrix}$	2 2 2 1	
8. The above	e named entity submits this statement for	the purpose of changing its r				ı the state of Florida			ipl
the obligat	tions of registered agent.	4				•			ĺ
SIGNATURE	Marland Braleko		LAND M			PRES	4/25/	03	
ien and Albrida to the	Signature, typed or printed name of registered agent an	id trife if emplicable. 1 1 4 (NOTE:	Registered Agent sig-	nature required	when reinstaining) ,21	1.6"	DA!E /		1 - 6
	FEE IS \$61.25 Initial or Amended UBR	9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees	Florida	Check Pa Departmer	yable to nt of State	
10.	OFFICERS AND DIRE	CTORS			· Vital in			4	-
TITLE	PD		TITLE ,		- ' '				(20)
NAME	BRAILSFORD, MARL	NAME	NAME						
STREET ADDRESS CITY - ST - ZIP	1416 REDBIRD CRE	STREET ADDRESS CITY-ST-ZIP	S					178	
	JACKSONVILLE, FL	32221							CR2E037B (12/02)
TITLE NAME	SD :	TUX D	TITLE NAME	1					18
STREET ADDRESS	BRAILSFORD, SHIR	STREET ADDRESS	s	* *			•	.	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP			• •			- 1
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CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		-	TITLE						3
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STREET ADDRESS			STREET ADDRESS	3					*
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STREET ADDRESS	ratification	7 Electrical 1	NAME STREET ADDRESS		Calpain Late to	****	Mary Santa		
CITY-ST-ZIP	4	The second secon	CITY-ST-ZIP		W	1	And Plat		
	<u> </u>		F			<u> </u>			

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 19.07(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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

MARLAND M BRAILSFORD