

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90075 001 ***150.00

DOCUMENT # P00000001532



1. Entity Name
MOS' GOURMET BAKERY & DELICATESAN, INC.

Principal Place of Business
**2705 MARTIN LUTHER KING BLVD
SUITE F
TAMPA FL 33610**

Mailing Address
**13808 CANDIDATE PLACE
TAMPA FL 33613**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3604854**

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

**LEWIS, OLIVER
13808 CANDIDATE PLACE
TAMPA FL 33613**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEWIS, OLIVER	
STREET ADDRESS	13808 CANDIDATE PLACE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEWIS, SHARON L	
STREET ADDRESS	13808 CANDIDATE PLACE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEWIS, OLIVER JR	
STREET ADDRESS	13808 CANDIDATE PLACE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAMBLE, HAROLD SR	
STREET ADDRESS	3817 MILLER AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, LEROY	
STREET ADDRESS	17309 LYNNETTE DR	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTON, MARY	
STREET ADDRESS	12413 OAK CEDAR PL #4	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Oliver Lewis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03 813 241-6643
Date Daytime Phone #

CR2E034 (10/02)