

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

DOCUMENT # P00000008953

1. Entity Name
EUROPEAN FOODS, INC.



01-09-2003 90214 001 ***150.00
01-09-2003 90214 002 *****8.75

Principal Place of Business
**308 COVE DR.
SATSUMA FL 32189**

Mailing Address
**308 COVE DR.
SATSUMA FL 32189**



2. Principal Place of Business

1002 Hwy 17 S-

3. Mailing Address

308 Cove Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Satsuma, FL

Satsuma, FL

City & State

City & State

4. FEI Number **59-3629605**

Applied For

Not Applicable

Zip
32189

Country
USA

Zip
32189

Country
USA

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

**NICHOLSON, CAROLYN H
308 COVE DR.
SATSUMA FL 32189**

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 **Carolyn H. Nicholson - Carolyn H Nicholson V.P.**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-06-03
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 **D** ☐ Delete
NAME **NICHOLSON, JAMES D**
STREET ADDRESS **308 COVE DR.**
CITY-ST-ZIP **SATSUMA FL 32189**

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

TITLE **D** ☐ Delete
NAME **NICHOLSON, CAROLYN H**
STREET ADDRESS **308 COVE DR.**
CITY-ST-ZIP **SATSUMA FL 32189**

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

TITLE **D** ☐ Delete
NAME **JONES, SANDRA M**
STREET ADDRESS **P.O. BOX 226**
CITY-ST-ZIP **SATSUMA FL 32189**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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: **Carolyn H. Nicholson V.P.** **01/06/03** **386649-4094**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)