

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90014 048 ***150.00

0094453 AV

DOCUMENT # P00000012987

1. Entity Name

THE GOOD FOOD CO.

Principal Place of Business

**17230 SOUTH TAMiami TRAIL
 FORT MYERS FL 33908**

Mailing Address

**17230 SOUTH TAMiami TRAIL
 FORT MYERS FL 33908**

2. Principal Place of Business

17230 S. TAMiami TRAIL

3. Mailing Address

17230 S. TAMiami TRAIL

Suite, Apt. #, etc.

#10

Suite, Apt. #, etc.

#10

City & State

Fort Myers Florida

City & State

Fort Myers Florida

Zip

33908

Country

Lee

Zip

33908

Country

Lee

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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.

SIGNATURE

[Signature]
 Signature, typed or printed name of registered agent and title if applicable.

[Signature]
 (NOTE: Registered Agent signature required when reinstating)

9/1/01
 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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution.

☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
 NAME **WEBSTER, JORDAN G**
 STREET ADDRESS **17230 SOUTH TAMiami TRAIL**
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/01
 Date

941-437-6200
 Daytime Phone #

CR2E034 (5/01)