

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024237

1. Entity Name
F L FOOD ENTERPRISES, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90043 005 ***150.00

Principal Place of Business
1140 BEACHWALKER ROAD
AMELIA ISLAND FL 32034

Mailing Address
89 Marsh Lakes Dr
Fernandina, FL
32034

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2. Principal Place of Business
6510 Hwy. 40 E., St. Marys, GA 31558

3. Mailing Address
89 Marsh Lakes Dr.



DO NOT WRITE IN THIS SPACE

City & State
St. Marys, GA

City & State
Fernandina Bch., Fla.

4. FEI Number
59-3627203

Applied For
Not Applicable

Zip
31558

Country
USA

Zip
32034

Country
Nassau

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LULLO, FRANK
1140 BEACHWALKER ROAD
AMELIA ISLAND FL 32034

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]

1-19-01

(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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	LULLO, FRANK	
STREET ADDRESS	1140 BEACHWALKER ROAD	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Maureen Lullo	
STREET ADDRESS	89 Marsh Lakes Drive	
CITY-ST-ZIP	Fernandina, FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maureen Lullo	
STREET ADDRESS	VP	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

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

1-19-01 904-491-5520
Date Daytime Phone #

CR2E034 (10/00)