

2004 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # P00000032081

1. Entity Name

SPRING HILL FOOD MART INC.



04-30-2004 90379 013 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1394 COMMERCIAL WAY

3. Mailing Address

1394 COMMERCIAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SPRING HILL, FL

City & State

SPRING HILL, FL

4. FEI Number

59-3633905

Applied For

Not Applicable

Zip

34606

Country

Zip

34606

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LADHANI, SHAHIDA F

Street Address (P.O. Box Number is Not Acceptable)

1394 COMMERCIAL WAY

City

SPRING HILL,

FL

Zip Code  
34606

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

PD

NAME

LADHANI, SHAHIDA F

STREET ADDRESS

1394 COMMERCIAL WAY

CITY- ST- ZIP

SPRING HILL, FL 34606

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

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NAME

STREET ADDRESS

CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-04

Date

Daytime Phone #

CR2E034B (12/02)