

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90458 025 ***158.75

DOCUMENT # P00000039832

1. Entity Name

SOUTHERN FOODWORKS CORPORATION

Principal Place of Business

Mailing Address

18907 SE LOXAHATCHEE RIVER RD.
JUPITER FL 33458

18907 SE LOXAHATCHEE RIVER RD.
JUPITER FL 33458

2. Principal Place of Business

3. Mailing Address

8876 S.E. ROB WYATT ST.
Suite, Apt. #, etc.

211 WINNACHIE DR.
Suite, Apt. #, etc.

City & State

ROBE SOUND FLORIDA

City & State

STUART FL.

Zip

33455

Country

MARTIN

Zip

34994

Country

MARTIN

4. FEI Number

65-1002169

Applied For

Not Applicable

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

COLLINS, BONNIE

18907 SE LOXAHATCHEE RIVER RD.
JUPITER FL 33458

Name

MARK WOODS

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

211 WINNACHIE DR.

City

STUART

FL

Zip Code

34994

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Mark Woods PRESIDENT - owner 1/5/02

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 \$150.00
After May 1, 2002 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	D	<input type="checkbox"/> Delete
NAME	WOODS, MARK	
STREET ADDRESS	211 WINNACHIE	
CITY-ST-ZIP	STUART FL 43994	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, BONNIE	
STREET ADDRESS	18907 SE LOXAHATCHEE RIVER RD.	
CITY-ST-ZIP	JUPITER FL 33458	
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 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	
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 all other like information.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/02 W(561) 545-3663
(561) 285-2718

0390 43 AV

CR2E034 (9/01)