

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000055844

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: MEDICALMEALS, INC.

## Current Principal Place of Business:

P.O. BOX 216  
DELRAY BEACH, FL 334470216

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 216  
DELRAY BEACH, FL 334470216

## New Mailing Address:

FEI Number: 65-1022603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAMS, JOHN R ESQ  
C/O JOHN ROSS P.A.  
101 SE 6TH AVE STE G  
DELRAY BEACH, FL 33483 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DV ( ) Delete  
Name: LUNSFORD-PETERS, KELLY  
Address: 213 SEACREST CCIRCLE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: DP ( ) Delete  
Name: DEMER, JOHN  
Address: 2536 PEPPERWOOD CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition  
Name: LUNSFORD, KELLEY E  
Address: 2807 SW 5TH STREET  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLEY LUNSFORD

DV

04/30/2002

Electronic Signature of Signing Officer or Director

Date