

DOCUMENT # P 00000058765

1. Entity Name

PMS MOOD FOOD, Inc. ✓

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

5443 Chestnut Lake Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

FL

4. FEI Number

593654016

Applied For

Not Applicable

Zip

32258

Country

DUAL

Zip

Country

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

Thomas C. Santoro
1700 Wells Rd. #5
Orange Park, FL 32073

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

(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.
(See criteria on back) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
President	Jeri J. Greene		
201 Arthur Moore Drive			
Green Cove Springs, FL 32043			
Vice-President	Deborah A. Hinton		
5443 Chestnut Lake Drive			
Jacksonville, FL 32258			
Secretary	Thomas C. Santoro		
1700 Wells Rd. #5			
Orange Park, FL 32073			

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: Deborah A. Hinton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

904-274-7638

Daytime Phone #

CR2E034 (1/100)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90053 044 ***150.00

770507

DO NOT WRITE IN THIS SPACE