

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P00000059455

1. Entity Name

Universal Specialty Foods, Inc.

Principal Place of Business
267 Edgewater Branch Dr.
Jacksonville, FL 32259

Mailing Address
267 Edgewater Branch Dr.
Jacksonville, FL 32259

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. File Number
593655171

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

Randy S. Smith
267 Edgewater Branch Drive
Jacksonville, FL 32259

Name Palmetto Charter Services, Inc.

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

City Daytona Beach FL Zip Code 32114

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 Janet E. Mark
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/11/01

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

TITLE D ☐ Delete
NAME Smith, Randy S.
STREET ADDRESS 267 Edgewater Branch Drive
CITY-ST-ZIP Jacksonville, FL 32259

TITLE ☐ Change ☐ Addition
NAME 500004640045-8
STREET ADDRESS -10/17/01--01067--030
CITY-ST-ZIP *****61.25 *****61.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Millonig, John
STREET ADDRESS 393 Lakeview
CITY-ST-ZIP Lake Mary, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/VP/T ☐ Change ☒ Addition
NAME Lavezzo, Robert
STREET ADDRESS 1704 Hollis
CITY-ST-ZIP Orlando, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/p ☐ Change ☒ Addition
NAME Norman, Jean Lynd
STREET ADDRESS 1087 Horizon View Blvd.
CITY-ST-ZIP Port Orange, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/S ☐ Change ☒ Addition
NAME Norman, Victor
STREET ADDRESS 2533 Grassy Point Drive, #201
CITY-ST-ZIP Lake Mary, FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE: Oct-11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/01

Date

CR2E034 (11/00)