

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90262 014 ***150.00

DOCUMENT # P00000101431

1. Entity Name
DELI FRESH SUPPLY, INC.

Principal Place of Business

1295 DOG TRACK RD
PENSACOLA FL 32506

Mailing Address

1295 DOG TRACK RD
PENSACOLA FL 32506

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

10076 NELLE AVE

Suite, Apt. #, etc.

City & State

PENSACOLA FL

Zip

Country

Zip

Country

32507

USA

4. FEI Number 59-3683611

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SUMMERLIN, BOBBY C
10015 GULF BEACH HWY
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name KATHRYN HASKINS

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

10076 NELLE AVE

City PENSACOLA

FL

Zip Code 32507

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 *Kathryn Haskins*

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, 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 ☒ **Delete**
NAME SUMMERLIN, BOBBY C
STREET ADDRESS 10015 GULF BEACH HWY
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☒ **Delete**
NAME SUMMERLIN, JANET K
STREET ADDRESS 10015 GULF BEACH HWY
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT / T ☒ **Change** ☐ **Addition**
NAME KATHRYN HASKINS
STREET ADDRESS 10076 NELLE AVE
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE V/S ☒ **Change** ☐ **Addition**
NAME MICHAEL HASKINS
STREET ADDRESS 10076 NELLE AVE
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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: *Kathryn Haskins* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02 850-497-0038

Date

Daytime Phone #

CR2F034 (9/01)