2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90226 005 ***150.00

DOCUMENT # P00000114439

1. Entity Name
Downtown Deli Express, Inc.

Principal Place of Business	Mailing Address
12995 S. Cleveland Ave Fort Myers, Fl. 33907 Ste 140	1416 Loma Linda Dr. Fort Myers, Fl. 33919

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1068381 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Robert P. Henderson
1619 Jackson St.
Fort Myers. Fl. 33901

7. Name and Address of New Registered Agent
Name: ATWOOD, NANCY R.
Street Address (P.O. Box Number is Not Acceptable): 1416 Loma Linda Dr.
City: Fort Myers, Fl. FL Zip Code 33919

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 Nancy R. Atwood NANCY R. ATWOOD V/S/D   5/1/2001
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		
TITLE	D/P/T	☐ Delete
NAME	ATWOOD, ALAN W.	
STREET ADDRESS	1416 Loma Linda Dr.	
CITY-ST-ZIP	Fort Myers, Fl. 33919	
TITLE	D/V/S	☐ Delete
NAME	ATWOOD, NANCY R.	
STREET ADDRESS	1416 Loma Linda Dr.	
CITY-ST-ZIP	Fort Myers, Fl. 33919	
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		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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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: Nancy R. Atwood NANCY R. ATWOOD   5/1/2001   941-938-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #