

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90257 048 ***150.00

DOCUMENT # P01000003084

1. Entity Name

ERNEST YOUNG FOOD STORE, INC.



Principal Place of Business

**2302 DAVIS STREET
JACKSONVILLE FL 32209**

Mailing Address

**2302 DAVIS STREET
JACKSONVILLE FL 32209**

2. Principal Place of Business

ERNEST YOUNG

3. Mailing Address

2302 Davis ST

Suite, Apt. #, etc.

2302 N Davis ST

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville, FL 32209

City & State

JACKSONVILLE FL

4. FEI Number **59-3690536-INC.**

Applied For

Not Applicable

Zip

32209

Country

USA

Zip

32209

Country

USA

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

YOUNG, DELORES

6149 LEONTYNE PRICE CT

JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ERNEST YOUNG Ernest Young**

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **YOUNG, ERNEST**
STREET ADDRESS **2022 W 17 ST X**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **YOUNG ERNEST** ☒ Change ☒ Addition
NAME **6149 LEONTYNE PRICE CT**
STREET ADDRESS **JACKSONVILLE, FL 32209**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **YOUNG, DELORES**
STREET ADDRESS **2022 W 17 ST X**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ernest Young ERNEST YOUNG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)