

FILED
May 29, 2002 8:00 am
Secretary of State

03-18-2002 90182 014 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000009576

1. Entity Name

BLUE ISLAND FOOD & SPICE COMPANY

Principal Place of Business

~~601 IMPERIAL BLVD #89~~
~~LAKELAND FL 33803-4696~~

Mailing Address

601 IMPERIAL BLVD #89
LAKELAND FL 33803-4696

2. Principal Place of Business

1100 Oakbridge Parkway
Suite, Apt. #, etc.
#182

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Zip

33803

Country

USA

Country

4. FEI Number

59-3695396

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

HARRIS, FRED

~~601 IMPERIAL BLVD #89~~ 1100 Oakbridge Parkway, #182
LAKELAND FL 33803-4696

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

Fred Harris

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

(NOTE: Registered Agent signature required when reinstating)

3/4/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ~~601 IMPERIAL BLVD #89~~ 1100 Oakbridge Pkwy.
CITY-ST-ZIP LAKELAND FL 33803-4696 #182

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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
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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:

Fred Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02

DATE

863-648-4949

Daytime Phone #

CR2004 (9/01)