

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90039 003 ***150.00

DOCUMENT # P01000034825

1. Entity Name

DREW STREET FOOD MART, INC.

Principal Place of Business

**1862 BELLEAIR ROAD
CLEARWATER FL 33764
US**

Mailing Address

**1862 BELLEAIR ROAD
CLEARWATER FL 33764
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1880 DREW STREET

1862 BELLEAIR RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1880

City & State

CLEARWATER, FLORIDA

City & State

CLEARWATER, FLORIDA

Zip

33765

Country

U.S.A

Zip

33764

Country

U.S.A

4. FEI Number

59 3710055

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

**MARTIN, SHERLY
1862 BELLEAIR ROAD
CLEARWATER FL 33764**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MARTIN, SHERLY**
STREET ADDRESS **1862 BELLEAIR ROAD**
CITY-ST-ZIP **CLEARWATER FL 33764**

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

TITLE **V** ☐ Delete
NAME **SANKOORIKAL, JOSEPH**
STREET ADDRESS **3740 SW SPRING CREEK LANE**
CITY-ST-ZIP **TOPEKA KS 66610**

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

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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:

SHERLY E MARTIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/02 **(727) 446-4125**
Date Daytime Phone #

CR2E034 (9/01)