

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90047 008 ***150.00

DOCUMENT # P01000036547	
1. Entity Name	
TMD Food Store Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1495 HWY 17-92 S		3. Mailing Address 1495 Hwy 17-92 s	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LONGWOOD, FL		City & State Longwood, Florida	
Zip 32750	Country	Zip 32750	Country USA

4. FEI Number 59-3709838	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75. Additional Fee Required	

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54009043

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Van, Diana	
Street Address (P.O. Box Number is Not Acceptable) 1495 Hwy 17-92 S	
City Longwood	FL Zip Code 32750

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Van, Diana 1495 Hwy 17-92 S Longwood, Florida 32750
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04

Date

Daytime Phone #