

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

FILED ATX1
Apr 04, 2005 08:00 AM
Secretary of State

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

Suite, Apt. #, etc.

3. Mailing Address

1495 HWY 17-92 S

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LONGWOOD, FL

City & State
LONGWOOD, FL

4. FEI Number
59-3709838

Applied For
Not Applicable

Zip
32750

Country

Zip
32750

Country

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

**DO NOT WRITE
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 **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

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 \$81.25

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 Director
NAME Van, Diana
STREET ADDRESS 1495 HWY 17-92 S
CITY-ST-ZIP LONGWOOD, FL - 32750

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UD0000367142
04/04/05-80057-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #