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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90467 028 ***150.00

DOCUMENT # P01000036547

1. Entity Name

TMD Food Store Inc

Principal Place of Business
1495 HWY. 17-92 S.

Mailing Address
1495 HWY 17-92 S.

LONGWOOD, FL
32750

LONGWOOD, FL 32750

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN, DIANA
285 LORIANE DR., APT. 228
ALTAMONTE SPRINGS FL 32714

Name

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.

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, 2000 Fee will be \$350.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME VAN, DIANA ☐ Delete
STREET ADDRESS 285 LORIANE DR., APT. 228
CITY - ST - ZIP ALTAMONTE SPRINGS FL 32714

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 1495 HWY 17-92 S.
CITY - ST - ZIP LONGWOOD, FL 32750

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
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TITLE
NAME ☐ Change ☐ Addition
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 of Block 12 if changed, 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 #

90052323

DO NOT WRITE IN THIS SPACE

CRE034 (9/99)