

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90304 007 ***150.00

DOCUMENT # P01000063441

1. Entity Name

FOOD BROKERS OF FLORIDA, INC.

Principal Place of Business

**P O BOX 55185
 ST PETERSBURG FL 33732-5185**

Mailing Address

**P O BOX 55185
 ST PETERSBURG FL 33732-5185**

2. Principal Place of Business

3. Mailing Address

9591 Sun-Isle Drive

8601 4th Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

303

303

City & State

City & State

St. Petersburg FL

St. Petersburg FL

Zip

Zip

Country

Country

33702

USA

33702

USA

4. FEI Number

59-3747374

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

HANKS, MARK

8601 4TH ST NORTH, SUITE 303

ST PETERSBURG FL

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 **D** ☐ Delete
 NAME **HANKS, SUSA**
 STREET ADDRESS **8601 4TH ST N, SUITE 303**
 CITY-ST-ZIP **ST PETERSBURG FL 33702**

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

TITLE **D** ☐ Delete
 NAME **HANKS, MARK**
 STREET ADDRESS **8601 4TH ST N, SUITE 303**
 CITY-ST-ZIP **ST PETERSBURG FL 33702**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Mark Hanks
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Date

727 578-4013

Daytime Phone #

CR2E034 (9/01)