

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90324 016 ***150.00

DOCUMENT # P01000083418**1. Entity Name**
S&R FOOD SERVICE, INC.**Principal Place of Business****50 NORTH LAURA STREET SUITE 2800**
JACKSONVILLE FL 32202**Mailing Address****50 NORTH LAURA STREET SUITE 2800**
JACKSONVILLE FL 32202**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-2645507**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****BUSS, ADAM J**
50 NORTH LAURA STREET SUITE 2800
JACKSONVILLE FL 32202**7. Name and Address of New Registered Agent**

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****TITLE** **D** ☐ Delete
NAME **SCOTT, CURT**
STREET ADDRESS **5905 EAST FOREST LAKE DRIVE**
CITY-ST-ZIP **TIFTON GA 31794****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **D1PT** ☒ Change ☐ Addition
NAME **Curt Scott**
STREET ADDRESS **9800 Taughton Road, Apt. 611**
CITY-ST-ZIP **Jacksonville, FL 32246****TITLE** **V5** ☐ Change ☒ Addition
NAME **John Roberts**
STREET ADDRESS **9800 Taughton Road, Apt. 611**
CITY-ST-ZIP **Jacksonville, FL 32246****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Curt Scott

Date

3-6-02

Daytime Phone #

904-642-0845

CR2E034 (9/01)