

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90861 024 \*\*\*150.00

**DOCUMENT # P01000087397**

1. Entity Name

ANYHTING WITH FOOD INC.

Principal Place of Business

7900 ST. GILES PLACE  
 ORLANDO FL 32835

Mailing Address

7900 ST. GILES PLACE  
 ORLANDO FL 32835



2. Principal Place of Business

9433 Westover Club Cir

3. Mailing Address

9433 Westover Club Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Windermere, FL

City & State

Windermere, FL

4. FEI Number

02-0555784

Applied For

Not Applicable

Zip  
 34786

Country  
 Orange

Zip  
 34786

Country  
 Orange

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, GARY E  
 7900 ST. GILES PLACE  
 ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name  
 Gary E. Jones

Street Address (P.O. Box Number is Not Acceptable)  
 9433 Westover Club Circle

City  
 Windermere, FL

FL

Zip Code  
 34786

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

2/11/2002

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	PD	<input type="checkbox"/> Delete
NAME	JONES, GARY E	
STREET ADDRESS	7900 ST. GILES PLACE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JONES, SANDRA M	
STREET ADDRESS	7900 ST. GILES PLACE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Gary E.	
STREET ADDRESS	9433 Westover Club Cir.	
CITY-ST-ZIP	Windermere, FL 34786	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Sandra M.	
STREET ADDRESS	9433 Westover Club Cir.	
CITY-ST-ZIP	Windermere, FL 34786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 11, 2002 407 299 2747

Date

Daytime Phone #

0109723 AV

CR2E034 (9/01)