

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2003 8:00 am**  
**Secretary of State**

08-20-2003 90053 034 \*\*\*150.00

0143375 AT

**DOCUMENT # P01000106746**

**1. Entity Name**  
**THREE O'S PLUS FOOD MART INC**



**Principal Place of Business**  
**1801 AVE D**  
**FT PIERCE FL 34947**

**Mailing Address**  
**1801 AVE D**  
**FT PIERCE FL 34947**

**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**

01-0625503

Applied For

Not Applicable

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ISEID, SAMI F.**  
**214 SE SOLAZ AVENUE**  
**PORT ST. LUCIE FL 34983**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** \_\_\_\_\_ ☐ Delete  
**NAME** **D ISEID, SAMI**  
**STREET ADDRESS** **2134 SE SHIPPING RD**  
**CITY-ST-ZIP** **PORT ST LUCIE FL 34952**

**TITLE** \_\_\_\_\_ ☐ Change ☐ Addition  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** \_\_\_\_\_ ☐ Delete  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

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**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**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 Block 11 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

**8-15-03**

Date Daytime Phone #

CR2E034 (4/03)

Attachment#

86139351

PO1000106746

August 15, 2003

State of Florida

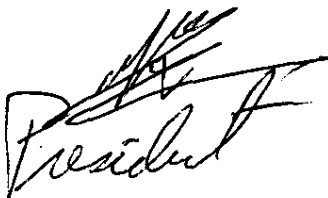
RE: Three O's Plus Food Market Inc.  
Annual Uniform Business Report

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Dear Sir:

I did not receive the original Uniform Business Report this year. I have only received the enclosed late filing annual report.

Please waive the late filing penalty.

  
President

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