

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90177 018 ***550.00

DOCUMENT # P01000122417

1. Entity Name
FLAVOURS OF FRANCE INC.

Principal Place of Business

**24 MAIN ST
 ROSEMARY FL 32461**

Mailing Address

**24 MAIN ST
 ROSEMARY FL 32461**

2. Principal Place of Business

54 MAIN ST.

3. Mailing Address

54 MAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROSEMARY BEACH, FL

City & State

ROSEMARY BEACH, FL

4. FEI Number

33-1007543

Applied For

Not Applicable

Zip

32461

Country

USA

Zip

32461

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD, INC.
 1406 HAYS ST, STE 2
 TALLAHASSEE FL 32301**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **ELIZABETH HAWLEY, MARICA MARCIA**
 STREET ADDRESS **42 GARRISON VILLAGE DR, NIGARA ON LAKE**
 CITY-ST-ZIP **ONTARIO CANADA LOS 1J0**

TITLE ☐ Change ☐ Addition
 NAME **← SPELLING**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VS** ☐ Delete
 NAME **RYAN HAWLEY, JOHN**
 STREET ADDRESS **42 GARRISON VILLAGE DR, NIGARA ON LAKE**
 CITY-ST-ZIP **ONTARIO CANADA LOS 1J0**

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

TITLE ☐ Delete
 NAME
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 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 HAWLEY

7/24/02 (850) 231-9016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)