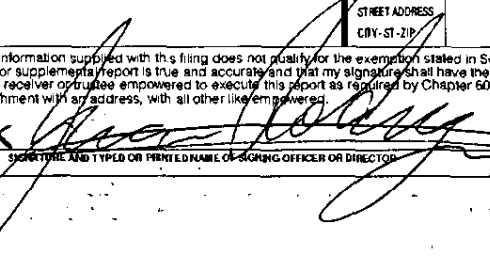


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90944 031 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000016410					
1. Entity Name J & R SUPERMARKET INC.					
Principal Place of Business 2433 PLEASANT HILL ROAD KISSIMMEE, FL 34746		Mailing Address 2433 PLEASANT HILL ROAD KISSIMMEE, FL 34746			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 75-299-6970	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, JUAN T 2433 PLEASANT HILL ROAD KISSIMMEE, FL 34746				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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition		
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 supplementary 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: X 			3/31/03 407-935-1922		
Typed or printed name of signing officer or director			Date		

CH2E034 (10/02)