

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90112 035 \*\*\*150.00

0674393 FP

**DOCUMENT # P02000022395**

1. Entity Name  
**R & S NATURAL FOODS CORPORATION**



Principal Place of Business  
**240 S.R. 312  
ST. AUGUSTINE FL 32086**

Mailing Address  
**240 S.R. 312  
ST. AUGUSTINE FL 32086**

2. Principal Place of Business  
**240 SR 312**

3. Mailing Address  
**(SAME)**

Suite, Apt. #, etc.  
**6**

Suite, Apt. #, etc.

City & State  
**ST. AUGUSTINE, FLA**

City & State

4. FEI Number  
**75-3027734**

Applied For  
Not Applicable

Zip Country  
**32086 USA**

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES



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

**PELLICER, CHARLES E ESQ.  
28 CORDOVA STREET  
ST. AUGUSTINE FL 32084**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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 NAME STREET ADDRESS CITY-ST-ZIP <b>P RODRIGUEZ, WILLIAM M 769 CAPTAINS DRIVE ST. AUGUSTINE FL 32080</b>	<input type="checkbox"/> Delete <b>P RODRIGUEZ, WILLIAM M. 500 VISTA RIA CT. ST. AUGUSTINE, FLA 32080</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>ST RODRIGUEZ, SUSAN V 769 CAPTAINS DRIVE ST. AUGUSTINE FL 32080</b>	<input type="checkbox"/> Delete <b>ST RODRIGUEZ, SUSAN V. 500 VISTA RIA CT. ST. AUGUSTINE, FLA 32080</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete <b>D MATOS, HEGAN MARIE 769 CAPTAINS DR. ST. AUGUSTINE, FLA 32080</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete <b>D MATOS, PABLO 769 CAPTAINS DR. ST. AUGUSTINE, FLA 32080</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 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 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: **SONG WILHELM MOORE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/7/03 904-808-9978**  
Date Daytime Phone #

CR2E034 (10/02)