

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90224 045 ***150.00

DOCUMENT # P02000033015

1. Entity Name
SAN MARCO DELI, INC.



Principal Place of Business
**3968 GRAYHAWK LOOP
LECANTO FL 34461**

Mailing Address
**3968 GRAYHAWK LOOP
LECANTO FL 34461**

2. Principal Place of Business

1965 SAN MARCO BLVD

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

Zip
32207

Country
USA

3. Mailing Address

1965 SAN MARCO BLVD

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

Zip
32207

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

36-4492276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FUTCH, R. WILLIAM
610 SE 17TH STREET
OCALA FL 34471**

7. Name and Address of New Registered Agent

Name
ERNIE WINN

Street Address (P.O. Box Number is Not Acceptable)

1965 SAN MARCO BLVD

City
JACKSONVILLE FL Zip Code
32207

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 **ERNIE R. WINN**
Signature, typed or printed name of registered agent and title if applicable.

Ernie Winn

(NOTE: Registered Agent signature required when reinstating)

1-8-03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WINN, ERNIE
3968 GRAYHAWK LOOP
LECANTO FL 34461** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WINN, KAREN D
3968 GRAYHAWK LOOP
LECANTO FL 34461** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 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: **Ernie Winn**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03

Date

352-527-9438

Daytime Phone #

CR2E034 (10/02)