

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

4/2

04-28-2003 90305 023 ***150.00

DOCUMENT # P02000044078

1. Entity Name
Y.S. GROCERY, INC.



Principal Place of Business
7086 SOUTHEAST 12 CIRCLE
OCALA FL 34480

Mailing Address
7086 SOUTHEAST 12 CIRCLE
OCALA FL 34480

55045096



2. Principal Place of Business
803 NW 4th Street
Suite, Apt. #, etc.

3. Mailing Address
803 NW 4th Street
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number
01-0671653

Applied For
Not Applicable

Zip
34415

Country

Zip
34415

Country

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

6. Name and Address of Current Registered Agent

CHOE, TU R
7086 SOUTHEAST 12 CIRCLE
OCALA FL 34480

7. Name and Address of New Registered Agent

Name
Choe, Tu R
Street Address (P.O. Box Number is Not Acceptable)
803 NW 4th Street
City
Ocala FL Zip Code
34415

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 use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$560.00
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
D
CHOE, TU R
STREET ADDRESS
7086 SOUTHEAST 12 CIRCLE
CITY-ST-ZIP
OCALA FL 34480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
CHOE, TU R ☒ Change ☐ Addition
STREET ADDRESS
803 NW 4th Street
CITY-ST-ZIP
OCALA, FL 34415

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

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

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

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

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 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: **TU R CHOE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

813-876-6442

Date

Daytime Phone

CR20034 (10/02)