

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

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90512 001 *****8.75
06-23-2003 90512 002 ***150.00

DOCUMENT # *P02000070420*

1. Entity Name

Savor Inc.



DO NOT WRITE IN THIS SPACE

55049720

2. Principal Place of Business

3306 QUEEN LN

Suite, Apt. #, etc.

3. Mailing Address

3306 QUEEN LN

Suite, Apt. #, etc.

City & State

PHILADELPHIA, PA

Zip

19129

Country

USA

City & State

PHILADELPHIA, PA

Zip

19129

Country

USA

4. FEI Number

74-3052809

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

LEXIS NEXIS Document Solutions

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

3953 WW Kelley Rd

City

Tallahassee

FL

Zip Code *32311*

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IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
*PRESIDENT
MONICA WALKER
3306 QUEEN LN
PHILA PA 19129*

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Monica Walker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-9-03 Date
(215) 438 45 84 Daytime Phone #

CR2E034B (12/02)