


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

<b>DOCUMENT # P02000075468</b>							
1. Entity Name <b>SOUTHSIDE FOOD MART, INC.</b>							
Principal Place of Business 2234 FOURTH STREET SOUTH ST. PETERSBURG, FL 33705			Mailing Address 2234 FOURTH STREET SOUTH ST. PETERSBURG, FL 33705				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>30-0939866</b>			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when appointing)</small>							
DATE _____							
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
	PSTD	JONES, DEBBY D	2234 FOURTH STREET SOUTH ST. PETERSBURG, FL 33705				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: _____				Date: <b>727821-9893</b>			
<small>SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>			

10100755



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)