

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91056 026 ***158.75

DOCUMENT # P02000086226

1. Entity Name
TONY'S FOOD MART INC.



Principal Place of Business
908 AVENUE D
FT PIERCE FL 34950

Mailing Address
908 AVENUE D
FT PIERCE FL 34950

2. Principal Place of Business

3. Mailing Address

908 AVE D

908 AVE D

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce FL

City & State

Fort Pierce FL

4. FEI Number

14-1841949

Applied For

Not Applicable

Zip

34950

Country

ST. Lucie

Zip

34950

Country

ST. Lucie

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARHAN, SUZAN

Change of address

5060 NW ERSKIN TERR

→ 5279 NW. macedo Blvd

PORT ST LUCIE FL 34983

Port St. Lucie, FL 34983

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

Suzan D. Sarhan

Signature, typed or printed name of registered agent and title if applicable.

(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	D	<input type="checkbox"/> Delete
NAME	SARHAN, SUZAN	
STREET ADDRESS	5060 NW ERSKIN TERR	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	SUZAN SARHAN	
STREET ADDRESS	5060 NW ERSKIN TERR.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Suzan D. Sarhan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)