

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90997 012 ***150.00

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DOCUMENT # P02000097821

1. Entity Name
FIRST STOP FOOD, INC.



Principal Place of Business
6731 LORAIN STREET
ORLANDO FL 32810

Mailing Address
6731 LORAIN STREET
ORLANDO FL 32810



2. Principal Place of Business

3. Mailing Address

13501 W. Colonial DR 13501 W. Colonial DR
Suite, Apt. #, etc. Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Winter Garden, Florida

City & State

Winter Garden, Florida

4. FEI Number

05-0529970

Applied For

Not Applicable

Zip

34787

Country

U.S.A

Zip

34787

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MODESTE, COLLIN T
6731 LORAIN STREET
ORLANDO FL 32810

7. Name and Address of New Registered Agent

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

Collin T. Modeste

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

TITLE PD
NAME MODESTE, YVONNE
STREET ADDRESS 6731 LORAIN STREET
CITY-ST-ZIP ORLANDO FL 32810 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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

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:

Collin T. Modeste 4/6/03 407.654.3556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)