

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

FILED
Apr 29, 2004 08:00^{ATK1} AM
Secretary of State

| | |
|---------------------------------|--|
| DOCUMENT # P 02000098511 | |
| 1. Entity Name | |
| Phoenix Food Service, Inc. | |

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| | | | |
|--|-----------------------|---|-----------------------|
| 2. Principal Place of Business 16011 Nebraska Ave. N. Suite 106 Suite, Apt. #, etc. | | 3. Mailing Address 16011 Nebraska Ave. N. Suite, Apt. #, etc. Suite 106 | |
| City & State Lutz, FL | | City & State Lutz, FL | |
| Zip 33549 | Country USA | Zip 33549 | Country USA |

DO NOT WRITE IN THIS SPACE

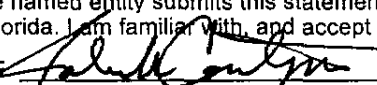
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| 4. FEI Number 61-1425235 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

| | |
|--|-----------|
| Name John A. Countryman | |
| Street Address (P.O. Box Number is Not Acceptable) 16011 Nebraska Avenue North | |
| Suite 106 | |
| City Lutz | FL |
| Zip Code 33549 | |

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  **John A. Countryman** **4/28/2004**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PASID Sandra K. Countryman 16011 Nebraska Avenue North Ste 106 Lutz, Florida 33549 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/T/D John A. Countryman 16011 Nebraska Avenue North Ste 106 Lutz, Florida 33549 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | U000000141447 04/30/04-80010-022 150.00 |
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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:  **John A. Countryman** **4/28/2004** **(813) 949-1450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #