

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-15-2003 90121 002 ***150.00

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

DOCUMENT # **P02000113903**

1. Entity Name
FRESH FOOD MANUFACTURER & DISTRIBUTOR, INC.



Principal Place of Business
**5101 8TH AVE. SOUTH
 GULFPORT FL 33707**

Mailing Address
**5101 8TH AVE. SOUTH
 GULFPORT, FL 33707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **54-2080187**

Applied For
 Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROLAND, KHALIL
 5101 8TH AVE. SOUTH
 GULFPORT FL 33707**

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 _____

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 _____
 NAME **P KHALL, ROLAND** Delete
 STREET ADDRESS **5101 8TH AVE. SOUTH**
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE _____
 NAME **ADDAS** Change Addition
 STREET ADDRESS **5101 8TH AVE SOUTH**
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE _____
 NAME _____ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ Change Addition
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ Change Addition
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ Change Addition
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ Change Addition
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ Change Addition
 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 lists empowered.

SIGNATURE: _____

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date Daytime Phone #

CR2E034 (10/02)