2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/3

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-03-2003 90846 020 ***150.00

DOCUMENT # P02000126017

1. Entity Name
LARGO FOOD MART INC.

Principal Place of Business	Mailing Address
1701 W BAY DR LARGO FL 33770	1701 W BAY DR LARGO FL 33770

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1701 West BAY DR.	1701 West BAY DR
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State LARGO FL.	City & State LARGO FLORIDA
Zip 33770 Country Pinellas.	Zip 33770 Country Pinellas

4. FEI Number 55-5555-555 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA AGENT SERVICES, INC.
1221 BRICKELL AVE STE 900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name ALI IRAQ
Street Address (P.O. Box Number is Not Acceptable) NONE
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 Ali Iraq — 03-10-03
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	DP	☐ Delete
NAME	IRAQ, ALI	
STREET ADDRESS	1701 W BAY DR	
CITY-ST-ZIP	LARGO FL 33770	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Abed Iraq — 2-20-03 — (727)585-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PD. chk# 1035