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

SIGNATURE:

DOCUMENT # P02000129990  1. Entity Name SANIBEL GOURMET FOODS, INC.					FILED 03 APR 28 AM 9: 38	
	ce of Business KLE WAY UNIT B ND FL 33957	Mailing Address 2430 PERIWINKLE WAY UNIT B SANIBEL ISLAND FL 33957			SECRETABY OF STATE TALLAHASSEE, FLORIDA	
	Place of Business Teriwinkle Way	3. Mailing Address				
Suite, Apt.	#, etc	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & Stat	sel Island, FL.	City & State			4. FEI Number 37-1451927   Applied For   Not Applicable	
33 <u>9</u>		Zip	Country		5Certificate of Status Desired	
<del></del>	6. Name and Address of Current F	legistered Agent	Name		7. Name and Address of New Registered Agent	
ARMENIA, JOHN 2430 PERIWINKLE WAY UNIT B SANIBEL ISLAND FL 33957				Street Address (P.O. Box Number is Not Acceptable)  Suite B.  City and bel TSland FL Zip 303957		
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 \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS AND D	<del></del>	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PD ARMENIA, JOHN 2430 PERIWINKLE WAY UNIT B SANIBEL ISLAND FL 33957	IL2 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2430	henia, John Periwinkle way unit B  bel Island, Fl 33957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUCCIGA, ANDREA 2430 PERIWINKLE WAY UNIT B SANIBEL ISLAND FL 33957	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9430	cciqa, Andrea Deriwinke way unit B.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ARMENIA, JOSEPH 2430 PERIWINKLE WAY UNIT B SANIBEL ISLAND FL 33957	<b>□</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STI Arm 243 Sar	enia, Joseph O Periwinkk way suite B wibel Island, F1. 33957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition 200018462762 05/07/0301090015 **600.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AODRESS 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						