2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2000 8:00 am
Secretary of State
06-26-2000 90001 030 ***150.00

DOCUMENT # P11930

Entity Name
Grocery Marketing, Inc

Principal Place of Business	Mailing Address
8 East Atlantic Ave Delray Beach, FL 33444	8 E. Atlantic Ave Delray Beach, FL

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2727464 ☐ 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
C.T. Corporation System 1200 South Pine Island Road Plantation FL 33324	Name: Alan Schvering Street Address (P.O. Box Number is Not Acceptable): 8 E. Atlantic Ave City: Delray Beach FL Zip Code: 33444

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.

SIGNATURE: Alan Schvering — Alan Schvering, President — DATE: 4/27/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
S,T Karst-Bradford 8 E. Atlantic Ave Delray Beach, FL 33444		V,S Trau, Randy 8 E. Atlantic Ave Delray Beach, FL 33444	
P,D Alan Schvering 8 E. Atlantic Ave Delray Beach, FL 33444	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan Schvering — Alan Schvering — 4/27/00 — 561-276-1811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #