

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000003225

1. Entity Name
TASTEFULLY FOR YOU, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90273 045 ***150.00

Principal Place of Business

Mailing Address

1290 NE SR 47
TRENTON FL 32693
US

1290 NE SR 47
TRENTON FL 32693
US

2. Principal Place of Business

3. Mailing Address

1290 NE SR 47
Suite, Apt. #, etc.

1290 NE SR 47
Suite, Apt. #, etc.

City & State

City & State

Trenton, FL

Trenton, FL

Zip

Country

Zip

Country

32693

USA

32693

USA

6. Name and Address of Current Registered Agent

4. FEI Number 59-3162891

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HYDE, EUGENE H.
1290 NE SR 47
TRENTON FL 32693

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. Registered agent signature required when reinstating.

DATE

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, 2001 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 P
NAME HYDE, CAROL A
STREET ADDRESS 1290 NE SR 47
CITY-ST-ZIP TRENTON FL ☐ Delete

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

TITLE VP
NAME STALVEY, SHIRLEY
STREET ADDRESS 889 SE SR 47
CITY-ST-ZIP TRENTON FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

CAROL A. HYDE CAROL A. HYDE

1-26-01 352/472-2759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)