

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

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90134 019 ***150.00

DOCUMENT #

P93000003225

1. Entity Name

TASTEFULLY For You, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1290 NE SR 47

Suite, Apt. #, etc.

3. Mailing Address

1290 NE SR 47

Suite, Apt. #, etc.

City & State

TRENTON, FL

City & State

TRENTON, FL

Zip

32693

Country

GILCHRIST

Zip

32693

Country

GILCHRIST

4. FEI Number

59-3162891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EUGENE H HYDE

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

1290 NE SR 47

City

TRENTON

FL

Zip Code

32693

**DO NOT WRITE
IN THIS SPACE**

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

Eugene Hyde

EUGENE HYDE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CAROL HYDE 1290 NE SR 47 TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SHIRLEY STALVEY 889 SE SR 47 TRENTON FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARY T. BLOODSWORTH 4719 NE 44th AVE HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MINNIE STALVEY 149 SE SR 47 TRENTON, FL 32693
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Hyde CAROL HYDE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-02

Date

352/472-2259

Daytime Phone #

CR2E034B (12/01)