

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90195 038 ***150.00

DOCUMENT # P93000018174

1. Entity Name
BAY FOOD BROKERAGE, INC.



Principal Place of Business
1211 N. WESTSHORE BLVD.
SUITE 511
TAMPA FL 33607
US

Mailing Address
1211 N. WESTSHORE BLVD.
SUITE 511
TAMPA FL 33607
US

2. Principal Place of Business
1211 N. WESTSHORE BLVD

3. Mailing Address
1211 N. WESTSHORE BLVD

Suite, Apt. #, etc.
SUITE 402

Suite, Apt. #, etc.
SUITE 402

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33607-4620

County
HILLSBOROUGH

Zip
33607-4620

County
HILLSBOROUGH



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3169433**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRIFFEN, CHRISTOPHER
201 N. FRANKLIN ST.
SUITE 2100
TAMPA FL 33602

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CHATTERTON CAMMIE S**
STREET ADDRESS **5134 CAREY RD**
CITY-ST-ZIP **TAMPA FL**

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

TITLE **CEO** ☐ Delete
NAME **WOOLEVER, MARK**
STREET ADDRESS **13791 80TH AVE N**
CITY-ST-ZIP **SEMINOLE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03
Date

Daytime Phone #

CR2E034 (10/02)