## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Aug 23, 2000 8:00 am Secretary of State DOCUMENT # P93000077147 1. Entity Name C & P DISCOUNT FOODS, INC. 08-23-2000 90031 008 \*\*\*550.00 Principal Place of Business Mailing Address 2265 TAMIAMI TRAIL, E. 2265 TAMIAMI TRAIL. E. NAPLES FL 34112 NAPLES FL 34112-4705 A0074322 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0450201 Not Applicable Zip \_Country\_\_ Zip Country \$8:75 Additional - ~ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COOPER, PAUL Street Address (P.O. Box Number is Not Acceptable) 2265 TAMIAMI TRAIL E NAPLES FL 34112 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State $\Box$ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE COOPER, PAUL NAME NAME 3390 RIVER PARK CT STREET ADDRESS STREET ADDRESS **BONITA SP FL 34134** CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE BENNETT, DAVID NAME NAME 77 BELVOIR ROAD STREET ADDRESS STREET ADDRESS .WILLIAMSVILLE.NY CITY-ST-ZIP.5 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

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NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTEDDIAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

7-30-00

941 997 3/88

Daytime Phone #

☐ Change

☐ Addition