7/2/2002-90815-0

FILED
Aug 06, 2002 8:00 am
Secretary of State
07-02-2002 90815 033 ***150.00
08-06-2002 90280 008 ***400.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000077147

1. Entity Name
C & P DISCOUNT FOODS, INC.

Principal Place of Business	Mailing Address
~~2265 TAMIAMI TRAIL E.~~ ~~NAPLES FL 34112~~ ~~US~~	931 PONDELLA RD N. FORT MYERS FL 33903 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
931 Pondella Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Ft. Myers, FL	City & State
Zip: 33903 Country: USA	Zip Country

4. FEI Number 65-0450201 ☐ 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
COOPER, PAUL 2265 TAMIAMI TRAIL E NAPLES FL 34112	Name: COOPER PAUL Street Address (P.O. Box Number is Not Acceptable): 931 PONDELLA RD City: N. Ft. Myers FL Zip Code: 33903

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 ______________________ DATE
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, 2002 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	PD COOPER, PAUL 3390 RIVER PARK CT BONITA SP FL 34134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COOPER, PAUL 23600 STONY RIVER PL BONITA SPRINGS, FL 34135 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BENNETT, DAVID 77 BELVOIR ROAD WILLIAMSVILLE NY ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: Paul J. Cooper Pres 6-24-02 941 997 2578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Paul Cooper, Pres.