

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040404

1. Entity Name

ABC FOOD, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90026 043 ***150.00

Principal Place of Business

Mailing Address

3246 17TH STREET
SARASOTA FL 34235

3246 17TH STREET
SARASOTA FL 34235-8902

2. Principal Place of Business

3. Mailing Address

6306 15th St. E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BRADENTON

City & State

City & State

FL

4. FEI Number

65-0422636

Applied For
Not Applicable

Zip
34203

Country

MANATEE

Zip

Country

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

PATEL, JAGRUTI
3246 17TH STREET
SARASOTA FL 34235

Name

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

City

FL

Zip Code

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.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE D ☐ Delete
NAME PATEL, LALIT
STREET ADDRESS 4521 CHIMNEY CREEK DRIVE
CITY-ST-ZIP SARASOTA FL 34235

TITLE D ☐ Delete
NAME PATEL, JAGRUTI
STREET ADDRESS 3528 CHESHIRE SQUARE
CITY-ST-ZIP SARASOTA FL 34235

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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: *Jagruti Patel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.12.00

Date

(941) 758 9714

Daytime Phone #