

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066413

1. Entity Name

COMPLETE FOOD, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90108 040 ***150.00

Principal Place of Business

2998 SW CR 760
NOCATEE FL 34268
US

Mailing Address

PO BOX 1230
NOCATEE FL 34232-0124
US

2. Principal Place of Business

3. Mailing Address

3553 E FOREST LAKE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL

4. FEI Number

65-0519148

Applied For

Not Applicable

Zip

Country

Zip

Country

34232

SARASOTA

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

ZENDEL, SHERRY M
3553 E. FOREST LAKE DR.
SARASOTA FL 34232

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZENDEL, SHERRY M	
STREET ADDRESS	3553 E. FOREST LAKE DR.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ZENDEL, STEPHEN A	
STREET ADDRESS	3553 E. FOREST LAKE DR.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GRIGG, VERNON H.	
STREET ADDRESS	4440 MACEACHEN BLVD.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sherry M. Zendel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 6, 2000 941-924-3556
Date Daytime Phone #

CR2E034 (9/99)