2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 12, 2001 8:00 am Secretary of State 01-12-2001 90034 048 ***150.00 DOCUMENT # P94000066413. COMP-LETE FOOD, INC. Principal Place of Business Mailing Address 3553 E FOREST LAKE DR 2998 SW CR 760 SARASOTA FL 34232 NOCATEE FL 34268 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0519148 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZENDEL, SHERRY M Street Address (P.O. Box Number is Not Acceptable) 3553 E. FOREST LAKE DR. SARASOTA FL 34232 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Change Addition ☐ Delete TITLE TITLE ZENDEL, SHERRY M NAME NAME 3553 E. FOREST LAKE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 ☐ Change ☐ Addition ☐ Delete TITLE TITI F ZENDEL, STEPHEN A NAME 3553 E. FOREST LAKE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 .Change ___ Addition, TITI F ☐ Delete TITLE: GRIGG, VERNON H. GRIGG, VERNON H. NAME NAME 7329 LOBLOLLY BAY TRAIL STREET ADDRESS 4440 MACEACHEN BLVD. STREET ADDRESS CITY-ST-ZIP 34202 CITY-ST-ZIP SARASOTA FLI34233 BRADENTON FL ☐ Channe ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Defete TITLE NAME NAME STREET ADDRESS 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.