

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90005 026 ***150.00

DOCUMENT # . P94000067751 ✓

1. Entity Name
FLORIDA DELI PICKLE COMPANY, INC
200 N.W. 20TH AVENUE
FT. LAUDERDALE, FL. 33311

Principal Place of Business Mailing Address
200 N.W. 20TH Avenue
FT. LAUDERDALE, FL. 33311

2. Principal Place of Business **same**
 3. Mailing Address **same**

Suite, Apt. #, etc.

City & State

Zip Country
U.S.A.

4. FEI Number **65-0524695**
 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

BABBITT, SCOTT B ESQ
800 WEST CYPRESS CREEK RD.
SUITE 502
FT. LAUD, FL. 33309 U.S.

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 NAME **BELL, GEORGE** ☐ Delete
 STREET ADDRESS **200 NW 20TH Avenue**
 CITY-ST-ZIP **FT. LAUD, FL. 33311**

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

TITLE NAME **HARTMAN, ERWIN** ☐ Delete
 STREET ADDRESS **200 NW 20th Avenue**
 CITY-ST-ZIP **FT. LAUD, FL. 33311**

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

TITLE NAME **MIRSCHKORN, Micheal** ☐ Delete
 STREET ADDRESS **200 NW 20th Avenue**
 CITY-ST-ZIP **FT. Laud, FL 33311**

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

TITLE NAME **Salm, Clifford** ☒ Delete
 STREET ADDRESS **200 N.W. 20TH AVENUE**
 CITY-ST-ZIP **FT. LAUD, FL 33311**

TITLE NAME **HARTMAN, ERWIN** ☒ Change ☐ Addition
 STREET ADDRESS **200 N.W. 20th Ave**
 CITY-ST-ZIP **FT. LAUD, FL 33311**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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: **George Bell** 5/2/00 954-463-0222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)