

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED


03 FEB 21 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AV

DOCUMENT # P94000085816

1. Entity Name
INGREDIENT SUPPLY CORPORATION



Principal Place of Business
**100 S SEMORAN BLVD
STE B
ORLANDO FL 32807
US**

Mailing Address
**100 S SEMORAN BLVD
STE B
ORLANDO FL 32807
US**

2. Principal Place of Business
5701 Dogwood Dr.

3. Mailing Address
5701 Dogwood Dr.

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

Zip
32807

Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**VAN HEEL, ALBERTO
100 S SEMORAN BLVD STE B
ORLANDO FL 32807**

4. FEI Number **59-3297087**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **Van Heel, Alberto**

Street Address (P.O. Box Number is Not Acceptable)
5701 Dogwood Dr.

City **Orlando** State **FL** Zip Code **32807**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alberto Van Heel*

Signature, typed or printed name of registered agent and title if applicable.

1-6-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN HEEL, ALBERTO 100 SOUTH SOMORAN BOULEVARD, SUITE B ORLANDO FL 32807	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Van heel, Alberto 5701 Dogwood Dr Orlando, FL 32807	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800012963222 02/21/03--01072--014 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alberto Van Heel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03 (407) 281-0227

Date Daytime Phone #

CR2E034 (10/02)

2/2/04



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 27, 2003

INGREDIENT SUPPLY CORPORATION
5701 DOGWOOD DR
ORLANDO, FL 32807 US

Subject: **INGREDIENT SUPPLY CORPORATION**

Reference Number: **P94000085816**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/cl

ANNUAL REPORTS SECTION