

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90117 020 ***150.00

DOCUMENT # **P95000005987**

1. Entity Name
MY FAVORITE FOODS, INC.

Principal Place of Business Mailing Address
948 FLOTILLA CLUB DR. **P.O. BOX 1628**
INDIAN HARBOR BEACH FL 32937-4901 **MELBOURNE FL 32902-1628**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3292482**
 Applied for Not Applied for

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

6. Name and Address of Current Registered Agent
SLOAN, MATTHEW J III
948 FLOTILLA CLUB DR.
INDIAN HARBOR BEACH FL 32937-4901

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 fee paid only) (NOTE: Registered Agent's signature required when retires/changes) 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, 2001 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	D <input type="checkbox"/> Delete
NAME	GATES, THOMAS C JR.
STREET ADDRESS	790 HIBISCUS DR.
CITY-STATE-ZIP	SATELLITE BEACH FL 32937
TITLE	D <input type="checkbox"/> Delete
NAME	SLOAN, MATTHEW J III
STREET ADDRESS	948 FLOTILLA CLUB DR.
CITY-STATE-ZIP	INDIAN HARBOR BEACH FL 32937-4901
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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, changed, or on an attachment with an address, with all other info empowered.

SIGNATURE: *Thomas C. Gates, Jr.* **Thomas C. Gates, Jr.** **321**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Page No. **726-0298**

4/24/01

CR2E034 (10/00)