

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90726 014 ***150.00

DOCUMENT # P95000056234

1. Entity Name
DELI FRESH, INC.



Principal Place of Business
109 COMMERCE BLVD.
OLDSMAR FL 34677
US

Mailing Address
109 COMMERCE BLVD.
OLDSMAR FL 34677
US



2. Principal Place of Business
109 Commerce Blvd.
Suite, Apt. #, etc.

3. Mailing Address
109 Commerce Blvd.
Suite, Apt. #, etc.

City & State
Oldsmar, FL 34677
Zip
Country
USA

City & State
Oldsmar, FL
Zip
Country
USA

4. FEI Number
59-3363403

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VATH, JOHN L
109 COMMERCE BLVD.
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
VATH, JOHN L JR.
4159 SALTWATER BLVD.
TAMPA FL 33615

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
GIANSIRACUSA, PAUL S.
1261 BAY HARBOR DR., APT. 102
PALM HARBOR FL 34685

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03

813-854-3354

Date **Daytime Phone #**

CR2E034 (10/02)