

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006659

1. Entity Name

CHARLOTTE FOOD MARTS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90004 007 ***150.00

Principal Place of Business

Mailing Address

2350 HARBOR BLVD
 PORT CHARLOTTE FL 33952
 US

2350 HARBOR BLVD
 PORT CHARLOTTE FL 33952-4224
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0634058

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GUNDERSON, HERBERT D
 2350 HARBOR BLVD
 POR CHARLOTTE FL 33952

Name

MATHEW K. MADATHILATE

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

2350 HARBOR BLVD.

PORT CHARLOTTE

33952

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

Matthew K. Madathilate

PRESIDENT

04-29-00

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 P ☐ Delete
 NAME GUNDERSON, HERBERT Q D
 STREET ADDRESS 2141 ACHILLES ST NE
 CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE VP ☒ Change ☐ Addition
 NAME GUNDERSON HERBERT
 STREET ADDRESS 2141 ACHILLES ST. NE
 CITY-ST-ZIP PORTCHARLOTTE, FL 33952

TITLE VP ☒ Delete
 NAME GUNDERSON, HEIDE
 STREET ADDRESS 2141 ACHILLES ST NE
 CITY-ST-ZIP PORT CHARLOTTE FL

TITLE PRESIDENT ☐ Change ☐ Addition
 NAME MATHEW K. MADATHILATE
 STREET ADDRESS 1020CAPRI ISLE BLVD. #39
 CITY-ST-ZIP VENICE, FL 33292

TITLE AVP ☒ Delete
 NAME FELLMETH, FOACHIM O
 STREET ADDRESS 140 PALMETTO CIR
 CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

Matthew K. Madathilate

MATHEW K. MADATHILATE

04-29-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-483-4892

CR2E034 (9/99)