

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000011836**

1. Entity Name

INTERNATIONAL FOOD SOURCE, INC.**FILED**
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90063 008 ***150.00

0353744

Principal Place of Business

6810 E CHELSEA ST
TAMPA FL 33610
US

Mailing Address

3902 HENDERSON BLVD.. STE. 200
TAMPA FL 33629

001610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6810 E. CHELSEA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FLORIDA

4. FEI Number

59-3355450

Applied For

Not Applicable

Zip

Country

Zip

Country

33610

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

EXUM, MARILYN
6810 EAST CHELSEA ST
TAMPA FL 33610

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 PD ☐ Delete
NAME EXUM, MARILYN
STREET ADDRESS 6810 E. CHELSEA STREET
CITY-ST-ZIP TAMPA FL 33610TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VP ☐ Delete
NAME MASEMAN, MARC J I
STREET ADDRESS 6810 E CHELSEA ST
CITY-ST-ZIP TAMPA FL 33610TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01 (813)623-1274

CR2E034 (10/00)