

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90133 036 \*\*\*150.00

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**DOCUMENT # P96000012567**

1. Entity Name  
**TNT FOODS, INC.**



Principal Place of Business  
**959 PONDELLA RD  
FORT MYERS FL 33903**

Mailing Address  
**4150 HANCOCK BRIDGE PKWY  
SUITE 23  
FT MYERS FL 33903  
US**

**11029613**



2. Principal Place of Business  
**698 WHIPPORWILL TRAIL**

3. Mailing Address  
**698 WHIPPORWILL TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

**WEST PALM BEACH, FL**

**WEST PALM BEACH, FL**

Zip

Country

Zip

Country

**33411**

**USA**

**33411**

**USA**

4. FEI Number **65-0641250**

Applied For

Not Applicable

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

**THOMAS, TERRI-LYNN  
1206 SW 1ST PLACE  
CAPE CORAL FL 33991**

Name **TERRI-LYNN THOMAS**

Street Address (P.O. Box Number is Not Acceptable)  
**698 WHIPPORWILL TRAIL**

City **WEST PALM BEACH** FL Zip Code **33411**

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 **TERRI-LYNN THOMAS** **TERRI-LYNN THOMAS** **4/16/03**

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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **THOMAS, TERRI-LYNN**  
STREET ADDRESS **1206 SW 1ST PLACE**  
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE **P** ☒ Change ☐ Addition  
NAME **THOMAS, TERRI-LYNN**  
STREET ADDRESS **698 WHIPPORWILL TRAIL**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:

**TERRI-LYNN THOMAS** **TERRI-LYNN THOMAS** **4/16/03** **1-561-248-8877**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)