## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P96000016948

1. Entity Name

RONIES FOOD, INC.



## FILED Mar 17, 2003 8:00 am § Secretary of State

03-17-2003 91053 033 \*\*\*150.00

|  |   |                       |  |                 | OF WE IN                                | _}  |   |  |                                |                         |  |
|--|---|-----------------------|--|-----------------|---|---|---|--|--------------------------------|-------------------------|--|
| Principal Place of Business 67 PREAKNESS PLAZA ORANGE PARK FL 32073-5828 |   | 67 PR                 | Mailing Address 67 PREAKNESS PLAZA ORANGE PARK FL 32073-5828 |                 |   | tand d                                      |   |  |                                |                         |  |
| 2. Principal Pla   | ace of Business   | 3. Mail               | 3. Mailing Address   |                 |   |   |   | <b>33</b> 501 <b>0070</b>   17 <b>5</b> 10 | 01116 FEHT DIE                 | OT 1811 1801            |  |
| Suite, Apt. #  | t, etc.   | Suite                 | Suite, Apt. #, etc.  |                 |   |   | CHECK HERE IF MAKING CHANGES                      |  |                                |                         |  |
| City & State   |   | City                  | City & State   |                 |   | <b>4.</b> F                                 |   |  |                                | olied For<br>Applicable |  |
| Zip  | Country   | Zip                   | Zip Country  |                 | <u> </u>                                | 5. Certificate of Status Desired            |   |  | \$8.75 Additional Fee Required |                         |  |
|  | 6. Name and Address of Curre                                | nt Registere          | Registered Agent   |                 |   | 7. Name and Address of New Registered Agent |   |  |                                |                         |  |
| 6. Name and Address of Content registered Agent                          |   |                       |  |                 | Name                                    |   |   |  |                                |                         |  |
| ELIAS, LUC   |   |                       | Street Addres  |                 |   | s (P.O. Box Number is Not Acceptable)       |   |  |                                |                         |  |
| 67 PREAKI  |   |                       |  |                 |   |   | ······································            |  |                                |                         |  |
| ORANGE F   | PARK FL 32073   |                       |  |                 |   |   |   |  | Zip Code                       |                         |  |
|  |   |                       |  |                 | City                                    | •   |   |  | r                              |                         |  |
| 9 The above  | named entity submits this statemer                          | nt for the purp       | oose of changing its   | registered      | office or regis                         | tered age                                   | ent, or both, in the State of Flo                 | rida. I am fan                             | niliar with, a                 | nd accept               |  |
| the obligati   | ons of registered agent.                                    |                       |  |                 |   |   |   |  |                                |                         |  |
| SIGNATURE _  | Signature, typed or printed name of registered a            | gent and title if app | plicable. (NOTI  | E: Registered   | Agent signature requ                    | ired when re                                | instating)  | DATE                                       |                                |                         |  |
| After  | LE NOW!!! FEE IS \$150.00<br>May 1, 2003 Fee will be \$550. | 00                    |  |                 |   |   | Election Campaign Fin     Trust Fund Contribution |  |                                | May Be<br>to Fees       |  |
| Make Check   | Payable to Florida Departmen                                | t of State            | ۵.   |                 |   |   |   |  |                                |                         |  |
| 10.  | OFFICERS A  | ND DIRECTO            | ORS  | 11.             |   | AD  | DITIONS/CHANGES TO OFF                            |  |                                | _                       |  |
| TITLE  | P   |                       | ☐ Delete   | TITLE           |   |   |   | L  | Change                         | ☐ Addition              |  |
| NAME   | las, george   |                       |  |                 | * |   |   |  |                                |                         |  |
| STREET ADDRESS   | 67 PREAKNESS PLAZA  |                       |  |                 | T ADDRESS<br>ST-ZIP                     |   |   |  |                                |                         |  |
| CITY-ST-ZIP  | ORANGE PARK FL 32073  |                       |  |                 |   | <del></del> ,                               |   | [  | Change                         | ☐ Addition              |  |
| TITLE  | VP  |                       | ☐ Delete   | , TITLE<br>NAME |   |   |   |  |                                |                         |  |
| , NAME<br>STREET ADDRESS   | ELIAS, LUCY<br>67 PREAKNESS PLAZA                           |                       |  | STREE           | T ADDRESS                               |   |   |  |                                |                         |  |
| CITY-ST-ZIP  | ORANGE PA 32073   |                       |  | CITY-           | ST-ZIP                                  |   |   |  |                                |                         |  |
| TITLE  | OIMINGE IN GEORG  |                       | ☐ Delete   | TITLE           |   |   |   | (  | Change                         | Addition                |  |
| NAME   |   |                       |  | NAME            | <b>l</b>                                |   |   |  |                                |                         |  |
| STREET ADDRESS   | :   |                       |  |                 | T ADDRESS<br>ST-ZIP                     |   |   |  |                                |                         |  |
| CITY-ST-ZIP  |   |                       | <u> </u>   |                 | 31-ZIF                                  |   |   |  |                                | Addition                |  |
| TITLE  |   |                       | Delete   | TITLE           |   |   |   | '  | 0.14.190                       |                         |  |
| NAME<br>STREET ADDRESS   |   |                       |  |                 | T ADDRESS                               |   |   |  |                                |                         |  |
| CITY-ST-ZIP  |   |                       |  | CITY-           | ST-ZIP                                  |   |   |  |                                |                         |  |
| TITLE  |   |                       | ☐ Delete   | TITLE           |   | •   |   |  | ☐ Change                       | Addition                |  |
| NAME   |   |                       |  | NAME            |   |   |   |  |                                |                         |  |
| STREET ADDRESS   |   |                       |  |                 | T ADDRESS                               |   |   |  |                                |                         |  |
| CITY-ST-ZIP  |   |                       |  |                 | ST-ZIP                                  |   |   |  | Chapas                         | Addition                |  |
| TITLE  |   |                       | ☐ Delete   | TITLE           |   |   |   |  | ☐ Change                       | ☐ Addition              |  |
| NAME   |   |                       |  | NAME            | ET ADDRESS                              |   |   |  |                                |                         |  |
| STREET ADDRESS   |   |                       |  |                 | ST-ZIP                                  |   |   |  |                                |                         |  |
| CITY-ST-ZIP  |   | 1                     | a door not avalle (  |                 |   | n Section                                   | 119.07(3)(i), Florida Statutes                    | I further certi                            | fy that the i                  | nformation              |  |
| 12. I hereby   | certify that the information supplied                       | win ins till          | ig does not qualify if                                       | my signat       | ura shall have                          | the same                                    | legal effect as if made under                     | oath; that I ar                            | n an officer                   | or director             |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Floridal Statutes. Floridal Floridal Statutes and English Floridal Statutes and English Floridal Statutes and English Floridal Statutes. Floridal Statutes are legal effect as if made under oath; that I am an officer or director 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, Floridal Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all properties the empowered.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-3-7

Daytime Phone #