2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 17, 2000 8:00 am DOCUMENT # P96000020252 1. Entity Name Secretary of State G & G FOOD SYSTEMS, INC. 03-17-2000 90044 044 ***150.00 Principal Place of Business Mailing Address 1175 HOMESTEAD ROAD 1175 HOMESTEAD ROAD LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936-6040 C0039207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Citý & State 4. FEI Number City & State 65-0646591 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDREASEN, JR.H.M. Street Address (P.O. Box Number is Not Acceptable) 12811 KENWOOD LANE STE 113 FT. MYERS FL 33907 Zin Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **PVST** Change Addition TITLE TITLE Delete SPECIALE, MARIO NAME NAME STREET ADDRESS 17577 MOORFIELD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33908 ☐ Addition Change ☐ Delete TITLE DILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 effort 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 -3-6-00 (941)369-3334 SIGNATURE: __ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR