

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040712

1. Entity Name

JAMAICAN DELITE FOODS, INC.

Principal Place of Business

3901 MARTIN LUTHER KING BLVD
FT MYERS FL 33916

Mailing Address

3901 MARTIN LUTHER KING BLVD
FT MYERS FL 33916

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0678624

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GURLEY, MARK L
8080-2 SOUTH WOODS CIRCLE
FT MYERS FL 33919

Name EUPHENA A. ROSS

Street Address (P.O. Box Number is Not Acceptable)
3901 DR MLK JR BLVD

FT MYERS FL

City

FL

Zip Code

33916

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

E. A. Ross (Secretary)

4/25/01

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 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
NAME ROSS, FRANKLIN D
STREET ADDRESS 3901 MLK BLVD
CITY-ST-ZIP FT MYERS FL ☐ Delete

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

TITLE VP
NAME GURLEY, MARK L
STREET ADDRESS 8695 COLLEGE PKWY #325
CITY-ST-ZIP FT MYERS FL ☒ Delete

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

TITLE ST
NAME ROSS, EUPHENA A
STREET ADDRESS 3901 MLK BLVD
CITY-ST-ZIP FT MYERS FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Franklin D. Ross* FRANKLIN D. ROSS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 941 337-5448

Date Daytime Phone #

00052134



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)