

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90017 038 ***150.00

00097078

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000052239

1. Entity Name

MISE EN PLACE MARKET, INC.

Principal Place of Business

Mailing Address

**2616 SOUTH MACDILL AVENUE
TAMPA FL 33629****2616 SOUTH MACDILL AVENUE
TAMPA FL 33629-7220**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3385408**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BLITZ, MARYANN F
2616 SOUTH MACDILL AVENUE
TAMPA FL 33629**

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, 2000 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 **VP** ☐ Delete
NAME **BLITZ, MARTIN R**
STREET ADDRESS **1205 E POWHATTAN AVE**
CITY-ST-ZIP **TAMPA FL 33604**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DP** ☐ Delete
NAME **BLITZ, MARYANN FERENC**
STREET ADDRESS **1205 E POWHATTAN AVE**
CITY-ST-ZIP **TAMPA FL 33604**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☒ Delete
NAME **FERENC, STANLEY W**
STREET ADDRESS **108 4TH AVENUE**
CITY-ST-ZIP **ST PETE BEACH FL 33707**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **FERENC, WANDA H**
STREET ADDRESS **108 4TH AVENUE**
CITY-ST-ZIP **ST PETE BEACH FL 33707**TITLE **T** ☒ Change ☐ Addition
NAME **Ferenc, Wanda H**
STREET ADDRESS **108 4th Avenue**
CITY-ST-ZIP **St. Pete Beach, FL 33707**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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:

Maryann Ferenc Blitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/30/00 (813) 832-5403**
Date Daytime Phone #

CR2E034 (9/99)

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052239

1. Corporation Name
MISE EN PLACE MARKET, INC.

Principal Place of Business
2616 SOUTH MACDILL AVENUE
TAMPA FL 33629

Mailing Address
2616 SOUTH MACDILL AVENUE
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1996

4. FEI Number

59-3385408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLITZ, MARYANN F
2616 SOUTH MACDILL AVENUE
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME BLITZ, MARTIN R
STREET ADDRESS 1205 E POWHATTAN AVE
CITY-ST-ZIP TAMPA FL 33604

TITLE DP ☐ DELETE

NAME BLITZ, MARYANN FERENC
STREET ADDRESS 1205 E POWHATTAN AVE
CITY-ST-ZIP TAMPA FL 33604

TITLE S ☒ DELETE

NAME FERENC, STANLEY W
STREET ADDRESS 108 4TH AVENUE
CITY-ST-ZIP ST PETE BEACH FL 33707

TITLE S ☐ DELETE

NAME FERENC, WANDA H
STREET ADDRESS 108 4TH AVENUE
CITY-ST-ZIP ST PETE BEACH FL 33707

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Add

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Add

2.2 NAME BLITZ, MARYANN FERENC

2.3 STREET ADDRESS 1205 E. POWHATTAN AVE

2.4 CITY-ST-ZIP TAMPA, FL 33604

3.1 TITLE ☐ Change ☐ Add

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Add

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Add

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Add

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

Maryann Ferenc Blitz 5/25/99 (813) 832-540

C0097078
P96000052239

Attachment