## 0027988 AV

Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90105 044 \*\*\*150.00

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

## DOCUMENT # P9600085171

1. Entity Name

PREMIER FOODS OF MAIN STREET, INC.

1 116,14116.11	TOODS OF WAIN STALE	1, IIVO.						
Principal Place of Business 7006 ATLANTIC BLVD JACKSONVILLE FL 32211		Mailing Address 7006 ATLANTIC BLVD JACKSONVILLE FL 32211			,			
2. Principal Place of Business		3. Mailing Address			}		(886)   B  (96)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-3408549		oplied For ot Applicable	
Zip	Country	Zip	Country			\$8.75 Add	ditional	
	6. Name and Address of Curren	T Registered Agent			7. Name and Address of New Registered A			
		The second second	Name			<del></del>		
ASKER, JE			Street Address (P.		O. Box Number is Not Acceptable)	<del> </del>		
7006 ATLANTIC BLVD JACKSONVILLE FL 32211								
JACKSON	VILLE PL 32211							
	``.		City		FL	Zip Code	e	
		or the purpose of changing its r	egistered office or re	gistered	d agent, or both, in the State of Florida. I am f	amiliar with,	and accept	
the obligation	ons of registered agent.	•						
SIGNATURE_	No. 1 Carlo St. St. St. Carlo St. Ca							
	Spaakire, weed or printed harte of registered agen	t and upon applicables ( ) (NOTE	Hegistered Agent signature.	equired w	heruseinstating)  DATE  Philippe Committee Com	CONTRACTOR STATES	673m · · · · · · · · · · · · · · · · · · ·	
TAPEST CHI	LE NOWN FEE IS \$10.00. May 1, 2003 Fee will be \$550.00	ELECTRONIC STATE	<b>设施</b> 国际的		9. Election Campaign Financing	<b>%\$5</b> !0	May Be	
71101	Payable to Florida Department of	1			Trust Fund Contribution.		to Fees	
10.	OFFICERS AND		11.	<u>-</u> _	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	5 IN 11	
	DP (goaga)	☐ Delete	TITLE	***		☐ Change	Addition	
	ASKER, JERRY		NAME					
1	7006 ATLANTIC BLVD JACKSONVILLE FL 32211		STREET ADDRESS				- {	
CITY-ST-ZIP	JACKSUNVILLE PL 32211	<del></del>	CITY-ST-ZIP		<del></del>			
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS				\	
CITY-ST-ZIP			CITY-ST-ZIP				}	
TITLE	<del></del>	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	ر با از ا <del>نجینیات بایدها</del>	a lan company of the same and	NAME				1	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	-	والمرابية والمحيرة المعادي والمعتبي والمعتبية	4 - 4	_ ],	
	<del></del>	<u> </u>	CITY-ST-ZIP				- Addition	
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STREET ADORESS	1		STREET ADDRESS				ļ	
CITY-ST-ZIP			CITY-ST-ZIP				{	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME [			NAME				{	

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.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED VIAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/28/03

Daytime Phone #

☐ Change

☐ Addition

C0/07/ 110/05