

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0127168 AV

DOCUMENT # P97000024979

1. Entity Name

RETA FOODS, INC.

03-14-2002 90025 036 ***150.00

Principal Place of Business

6690 20TH ST
VERO BEACH FL 32966
US

Mailing Address

1225 45TH CT SW
VERO BEACH FL 32968
US

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

65-0736757

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

THOMPSON, LISA N
756 BEACHLAND BLVD
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name **JOHN P. KISTLER, JR.**

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

1225 45TH COURT S.W.

City **VERO BEACH**

FL

Zip Code **32968**

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 **John P. Kistler Jr., Registered Agent**

01/31/02

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, 2002 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

TITLE **D** ☐ Delete
NAME **HUNTLEY, PETER J**
STREET ADDRESS **2210 15TH PL**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☐ Delete
NAME **HUNTLEY, AMY**
STREET ADDRESS **2210 15TH PL**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☐ Delete
NAME **HUNTLEY, JEANNE**
STREET ADDRESS **2210 15TH PL**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: **P. Kistler Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/31/02

(561) 562-2210

Date

Daytime Phone #

CR2E034 (9/01)