

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045160

1. Entity Name

M.B. FOOD SERVICES, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90237 020 ***150.00

Principal Place of Business

Mailing Address

111 RIVERSIDE PLAZA
JACKSONVILLE FL 32202

111 RIVERSIDE PLAZA
JACKSONVILLE FL 32202-4921

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

9429 HECKSCHER DR

Suite, Apt. #, etc.

9429 HECKSCHER DR

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32226

Country

FLORIDA

Zip

32226

Country

FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVER, REG
111 RIVERSIDE PLAZA
JACKSONVILLE FL 32202

Name

REG OLIVER

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

9429 HECKSCHER DRIVE

City

JACKSONVILLE

FL

Zip Code

32226

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]

REG OLIVER, OWNER/PRESIDENT

1/10/00

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 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	D	<input type="checkbox"/> Delete
NAME	OLIVER, REG	
STREET ADDRESS	111 RIVERSIDE PLAZA	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9429 HECKSCHER DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

REG OLIVER, OWNER/PRESIDENT

1/10/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-249-7601

CR2E034 (9/99)