

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90251 008 ***150.00

DOCUMENT # **P97000054073**

1. Entity Name

ROONEY FOODS INC.

Principal Place of Business

**1760 EXECUTIVE RD
WINTER HAVEN, FL
33884**

Mailing Address

**P.O. BOX 1480
WINTER HAVEN, FL
33882**

2. Principal Place of Business

1760 EXECUTIVE RD.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1480

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

City & State

WINTER HAVEN, FL

4. FEI Number

59-3460761

Applied For

Not Applicable

Zip

Country

33884

USA

Zip

Country

33882

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROONEY, EDWARD J
581 AVENUE K, SE
WINTER HAVEN, FL 33880**

7. Name and Address of New Registered Agent

Name

ROONEY EDWARD J

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

1760 EXECUTIVE ROAD

City

WINTER HAVEN

FL

Zip Code

33884

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

Edward J. Rooney

EDWARD J. ROONEY

4-16-01

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

TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	EDWARD J. ROONEY	
STREET ADDRESS	1760 EXECUTIVE ROAD	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	BARBARA E. ROONEY	
STREET ADDRESS	1760 EXECUTIVE ROAD	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

Edward J. Rooney

EDWARD J. ROONEY

4-16-01

863-299-6867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)