

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000056170

1. Entity Name
Syndicated Food Service International, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2859 Paces Ferry Rd.

3. Mailing Address
2859 Paces Ferry Rd.

Suite, Apt. #, etc.
Suite 750

Suite, Apt. #, etc.
Suite 750

City & State
Atlanta, GA

City & State
Atlanta, GA

Zip
30339

Country
USA

Zip
30339

Country
USA

4. FEI Number
59-3479186

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Co.

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

1201 Hays Street

City
Tallahassee

FL

Zip Code
32301

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.

**Brian Courtney
Asst. V. Pres.**

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

8/28/02

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO/P
Thomas Tanis, Jr.
11830 Windcreek Overlook
Alpharetta, GA 30005

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
Charles Beasley
4863 W. Vernal Pike
Bloomington, IN 47402

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Thomas Tanis, Jr.
11830 Windcreek Overlook
Alpharetta, GA 30005

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Charles Beasley
4863 W. Vernal Pike
Bloomington, IN 47402

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
William Breneman
3150 Commonwealth Ave.
Alexandria, VA 22305

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 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 #

7/16/02

CR2E034B (12/01)