

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91782 034 ***150.00

DOCUMENT # P97000064979

1. Entity Name

BLUE RIBBON FOOD MARKET, INC.

Principal Place of Business

**203 E 8TH ST
 JACKSONVILLE FL 32206**

Mailing Address

**C/O YU D. HAN, C.P.A.
 10916-1A ATLANTIC BLVD.
 JACKSONVILLE FL 32225**

2. Principal Place of Business

3. Mailing Address

**4401 Emerson St
 Suite 8**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Jacksonville FL
 32207 Duval**

Zip

Country

Zip

Country

4. FEI Number

59-3553272

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

**HAN, YU D C.P.A.
 10916-1A ATLANTIC BOULEVARD
 JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

**Name Yu D. Han, C.P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 4401 Emerson St
 Suite 8
 City Jacksonville FL Zip Code 32207**

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, 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 PD
 NAME LEE, HO S
 STREET ADDRESS 7805 BLAKEFORD MILL LN
 CITY-ST-ZIP JACKSONVILLE FL 32256** ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Delete

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 CITY-ST-ZIP** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Ho Sun Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

(904)358-2144

Daytime Phone #

CR2E034 (9/01)