

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90006 041 ***150.00

DOCUMENT # P97000067077

1. Entity Name*

DEV FOOD MART, INC.

Principal Place of Business

Mailing Address

701 SOUTH MAIN ST
WILDWOOD FL 34785

701 SOUTH MAIN ST
WILDWOOD FL 34785

2. Principal Place of Business

405, SOUTH MAIN ST.

3. Mailing Address

405, SOUTH MAIN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WILDWOOD FL

City & State

WILDWOOD FL

4. FEI Number

65-0775642

Applied For

Not Applicable

Zip

Country

34785

SUMTER

Zip

Country

34785

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, JITENDRA J
701 SOUTH MAIN ST
WILDWOOD FL 34785

7. Name and Address of New Registered Agent

Name

PATEL JITENDRA J.

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

405, SOUTH MAIN STREET

City

WILDWOOD

FL

Zip Code

34785

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, 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 ☐ Delete
NAME D
STREET ADDRESS PATEL, JITENDRA J
CITY-ST-ZIP 701 S. MAIN STREET
WILDWOOD FL 34785

TITLE ☐ Delete
NAME D
STREET ADDRESS PATEL, DARSHANA J
CITY-ST-ZIP 701 S. MAIN STREET
WILDWOOD FL 34785

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D
STREET ADDRESS PATEL, JITENDRA J.
CITY-ST-ZIP 405, SOUTH MAIN STREET
WILDWOOD FL 34785

TITLE ☐ Change ☐ Addition
NAME D.
STREET ADDRESS PATEL, DARSHANA J.
CITY-ST-ZIP 405, SOUTH MAIN STREET
WILDWOOD FL 34785

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

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/01 352-748-3474

CR2E034 (10/00)