2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

US

1003 4TH STREET NORTH

ST. PETERSBURG FL 33701

P97000078521 DOCUMENT

1. Entity Name

Principal Place of Business

1003 4TH STREET NORTH

ST. PETERSBURG FL 33701

2. Principal Place of Business

Suite, Apt. #, etc.

FANCY'S GOURMET FOODS, INC.



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90198 007 ***150.00

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	5. (O. B	5. Certifi 7. Name O. Box Nu d agent, o	4. FEI Number 5. Certificate o 7. Name and A O. Box Number d agent, or both, when reinstating) 9. Electrical agent and agent ag	4. FEI Number 59: 5. Certificate of Statu 7. Name and Addres O. Box Number is Not d agent, or both, in the when reinstating) 9. Election Carrust Fund	CHECK H 4. FEI Number 59-3467 5. Certificate of Status Des 7. Name and Address of II O. Box Number is Not Acce d agent, or both, in the State when reinstating) 9. Election Campai Trust Fund Contr	CHECK HERE 4. FEI Number 59-3467186 5. Certificate of Status Desired 7. Name and Address of New R O. Box Number is Not Acceptable d agent, or both, in the State of Flowhen reinstating) 9. Election Campaign Fin Trust Fund Contribution ADDITIONS/CHANGES TO OFF	CHECK HERE IF MA 4. FEI Number 59-3467186 5. Certificate of Status Desired 7. Name and Address of New Regist O. Box Number is Not Acceptable) d agent, or both, in the State of Florida. when reinstating) 9. Election Campaign Financia Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICER:	CHECK HERE IF MAKIN 4. FEI Number 59-3467186 5. Certificate of Status Desired 7. Name and Address of New Registered O. Box Number is Not Acceptable) Find agent, or both, in the State of Florida. I are when reinstating) Date 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND TRUST PROPERTY PROPERTY AND TRUST PROPERTY PROPERTY AND TRUST PROPERTY PROPE	CHECK HERE IF MAKING C 4. FEI Number 59-3467186 5. Certificate of Status Desired	CHECK HERE IF MAKING CHANG 4. FEI Number 59-3467186 5. Certificate of Status Desired	CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3467186 Ag	4. FEI Number 59-3467186 Applied For Not Applicab 5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent O. Box Number is Not Acceptable) FL Zip Code d agent, or both, in the State of Florida. I am familiar with, and acceptable parts of the reinstating DATE 9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent TOPEL, EMIL O Street Address 1003 4TH STREET NORTH ST. PETERSBURG FL 33701 8. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE TOPEL, EMIL O NAME NAME 5201 18TH ST N 10 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33714 CITY-ST-ZIP 5 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP-CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

not puglify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 12. I hereby certify that the information supplied with this filing defindicated on this report or supplemental report is true and according to the corporation or the receiver or trustee empowered to exchanged, or on an attachment with an address, with all others. port as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

CR2E034 (10/02)