2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90483 004 ***150.00

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DOCUMENT # P97000078709

1. Entity Name
PRICE CHOPPER, INC.

Principal Place of Business	Mailing Address
2721 FORSYTH RD STE 210 WINTER PARK FL 32792 US	2721 FORSYTH RD STE 210 WINTER PARK FL 32792 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6958 VENTURE CIRCLE	6958 VENTURE CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32807 Country: USA	Zip: 32807 Country: USA

4. FEI Number 59-3469404 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOOKNARINE, NYLA 5900 AUVERS BLVD #108 ORLANDO FL 32807	Name: NYLA SOOKNARINE Street Address (P.O. Box Number is Not Acceptable): 4543 SEAFARER WAY City: ORLANDO FL Zip Code: 32817

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: NYLA SOOKNARINE - DIRECTOR — 04/02/02
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOOKNARINE, NYLA 5900 AUVERS BLVD APT 108 ORLANDO FL 32807	☐ Delete	D SOOKNARINE, NYLA 4543 SEAFARER WAY ORLANDO, FL 32817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D SOOKNARINE, JEFFERSON 4543 SEAFARER WAY, ORLANDO, FL 32817	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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: NYLA SOOKNARINE - DIRECTOR — 04/02/02 — 407-679-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #