

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

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91159 042 \*\*\*150.00

**DOCUMENT #** P97000089463

1. Entity Name

Groceries on the GO Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5889 Airport Road

Suite, Apt. #, etc.

# 217

City & State

Port Orange FL

Zip 32128

Country

U.S.A.

3. Mailing Address

Po Box 214066

Suite, Apt. #, etc.

City & State

South Daytona FL

Zip

32121

Country

U.S.A.

4. FEI Number

59-3651130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

William M. Foster

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

555 Westmerland Rd.

City

Daytona Beach

FL

Zip Code

32114-2423

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**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	P	TITLE	
NAME	Price, Daniel W.	NAME	
STREET ADDRESS	1242 Robbin Drive	STREET ADDRESS	
CITY-ST-ZIP	Port Orange FL 32129	CITY-ST-ZIP	
TITLE	U	TITLE	
NAME	LeGodais, Gene	NAME	
STREET ADDRESS	5234 Rivers Dr.	STREET ADDRESS	
CITY-ST-ZIP	Port Orange FL 32129	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
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 #

3-28-02

386-288-7624

CR2E034B (12/01)