

# 2000 UNIFORM BUSINESS REPORT (UBR)

7/12/00-90145-025-\$150.00-\$150.00

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DOCUMENT #

P 98 000000 583

1. Entity Name

Gretna Food Store, Inc.

FILED

00 JUL 25 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
00067299

Principal Place of Business

Mailing Address

14681 Main Street

P.O. Box 530

Gretna FL 32332

Gretna FL 32332

2. Principal Place of Business

14681 Main Street

3. Mailing Address

P.O. Box 530

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gretna FL

City & State

Gretna FL

4. FEI Number

59-3484306

Applied For

Not Applicable

Zip

32332

Country

Zip

32332

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Looney, Pok N.  
P.O. Box 530  
Gretna FL 32332

7. Name and Address of New Registered Agent

MRS. Pok N. LOONEY  
Highway 90 AND Beech St.  
14681 Main St.  
Gretna FL 32332

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]*

6/25/00

Signature typed or printed name of registered agent (and title if applicable)

(If TIC Registered Agent signature required when reappointing)

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, 2000 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          | D | Looney, Pok N.  | <input type="checkbox"/> Delete |
| NAME           |   |                 |                                 |
| STREET ADDRESS |   | P.O. Box 530    |                                 |
| CITY-ST-ZIP    |   | Gretna FL 32332 |                                 |
| TITLE          | D | Looney, Daniel  | <input type="checkbox"/> Delete |
| NAME           |   |                 |                                 |
| STREET ADDRESS |   | P.O. Box 530    |                                 |
| CITY-ST-ZIP    |   | Gretna FL 32332 |                                 |
| TITLE          |   |                 | <input type="checkbox"/> Delete |
| NAME           |   |                 |                                 |
| STREET ADDRESS |   |                 |                                 |
| CITY-ST-ZIP    |   |                 |                                 |
| TITLE          |   |                 | <input type="checkbox"/> Delete |
| NAME           |   |                 |                                 |
| STREET ADDRESS |   |                 |                                 |
| CITY-ST-ZIP    |   |                 |                                 |
| TITLE          |   |                 | <input type="checkbox"/> Delete |
| NAME           |   |                 |                                 |
| STREET ADDRESS |   |                 |                                 |
| CITY-ST-ZIP    |   |                 |                                 |
| TITLE          |   |                 | <input type="checkbox"/> Delete |
| NAME           |   |                 |                                 |
| STREET ADDRESS |   |                 |                                 |
| CITY-ST-ZIP    |   |                 |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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

6/25/00

Date

Signature Printed Name

CR2E034 (9/99)

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## **Gretna Food Store, Inc.**

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July 24, 2000

Attn: Mr. Tyrone

FLORIDA DEPARTMENT OF STATE, Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Subject: **GRETNA FOOD STORE, INC.**

Reference Number: **P980000000583**

Dear Division of Corporations:

I received your letter stating that your office did receive my check for \$150.00 and annual report. There was an error on my business address because we listed a P.O. Box as our address. Enclosed you will find the 2000 UNIFORM BUSINESS REPORT with the correct address.

Please wave our late fee due to late notification after 1 May because of an address error. We have corrected the error on the enclosed 2000 UNIFORM BUSINESS REPORT. Your records had our home address 2884 Meridian Rd, Tallahassee 32312 as our business address. Our business address is P.O. Box 530, Gretna Florida 32332. The physical location is Highway 90 and Beech Street, Gretna Florida. Our 911 address (**not mailing address**) was just issued to us as: 14681 Main Street, Gretna Florida. 32332. Our store is located in Gretna Florida and was not issued a building number until this year. All mail still comes to our P.O. Box 530, Gretna Florida 32312.

If you have additional questions please call Mr. or Mrs. Looney at (850) 856-5588 or (850) 856-5111.

Sincerely,



Mrs. Pok Nam Looney

Owner