

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

DOCUMENT # P98000000583

1. Entity Name

Gretna Food Store, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

HWY 90 and Beech St
Suite, Apt. #, etc.

3. Mailing Address

Po Box 530
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Gretna FLORIDA

City & State

Gretna FLORIDA

4. FEI Number

59-3484306

Applied For

Not Applicable

Zip

32332

Country

Gadson

Zip

32332

Country

Gadson

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Pok N. Looney

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

Highway 90 and Beech St

City Gretna

FL

Zip Code

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, 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 D
NAME Looney, Pok N.
STREET ADDRESS 2884 J. Meridian Rd.
CITY - ST - ZIP TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

700005620537--3
-05/28/02--01019--001
****150.00 ****150.00

TITLE D
NAME Looney, Daniel
STREET ADDRESS 2884 J. Meridian Rd.
CITY - ST - ZIP TALLAHASSEE, FL 32312

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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 #

FILED

02 MAY 13 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034B (12/01)