2002 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2002 8:00 am Secretary of State DOCUMENT # P98000011683 1. Entity Name 09-12-2002 90001 042 ***550 00 ADA'S NATURAL FOODS MARKET, INC. Principal Place of Business Mailing Address 11705 S. CLEVELAND AVE 11705 S. CLEVELAND AVE FORT MYERS FL 33907 FORT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-2078876 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (4/02)☐ Delete TITLE ☐ Change ☐ Addition BONADIES, NICHOLAS NAME NAME STREET ADDRESS 11705 S. CLEVELAND AVE STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33907 CITY-ST-ZIP TITLE **VD** ☐ Delete TITI F ☐ Change ☐ Addition **BONADIES, LOUIS** NAME NAME STREET ADDRESS 11705 S. CLEVELAND AVE STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33907 CITY-ST-ZIP TITLE VD. ☐ Delete TITLE ☐ Change Addition NAME BONADIES, ED NAME STREET ADDRESS 11705 S. CLEVELAND AVE STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33907 CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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'l 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.

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