2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



Jan 24, 2003 8:00 am Secretary of State P98000012537 DOCUMENT # 1. Entity Name 01-24-2003 90086 032 ***158.75 A/J'S WAREHOUSE FOODS, INC. Principal Place of Business Mailing Address 200003913 14821 N 7TH STREET 36845 CHRISTIAN RD. DADE CITY FL 33523 DADE CITY FL 33523 ШŜ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3492907 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 S.W. 22ND ST., 4TH FLOOR **MIAMI FL 33145** 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 FILE NOW!!! FEE IS \$150:00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE ☐ Delete TITLE Change Addition WEBB, JOHN J NAME NAME 36845 CHRISTIAN RD STREET ADDRESS STREET ADDRESS DADE CITY FL 33523 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition ANUSBIGIAN, ANDREW NAME NAME STREET ADDRESS 35153 QUIET OAK LN STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33541 CITY-ST-ZIP TITLE Delete -TITLE anusbigian, andrew d 950 VALLEY VIEW CIRCLE PALM HARBOR FL 34684 STREET ADDRESS 35153 QUIET OAK LN STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33541 CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

☐ Delete

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☐ Delete

354-541-0505

☐ Change

Change

☐ Change

☐ Addition

Addition

Addition

FILED