## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P98000025875 1. Entity Name S & J FOODS, INC.

## **FILED** Apr 29, 2002 8:00 am Secretary of State 04-29-2002 90148 005 \*\*\*150.00

Principal Place	of Business	Mailing Address							
3601 SE OCEAN BLVD STE 202 STUART FL 34996-6737		3601 SE OCEAN BLVD ST STUART FL 34996-6737	TE 202						
2. Principal Pla	ace of Business	3. Mailing Address	200011 0.		1 100 11061 110 10101 10111 6011		181 81184 18111 14	351 5111 1961	
3725 S.E. OCEAN BLVD.		3725 5. E. OCEAN BLVO.		10.	DO NOT M	VRITE IN THIS SI	PACE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DONOTY	AUTE IIA II 199 OI	AUL		
SUITE	100	5017 E 100 City & State		4 5	El Number	<del></del>	Apr	olied For	
City & State	LL'S POINT, FL	SEWALL'S	POINT, F	<u> </u>	65-09091		<u> </u>	Applicable	
3499 <u>4</u>	Country USA	Zip 34996	Country USA		Certificate of Status Desire	F	ee Required		
	6. Name and Address of Current R	egistered Agent	Name	. 7. N	lame and Address of Ne	w negistered A	gent		
			Ì		• 				
LINO, LOU	IIS T		Street A	Street Address (P.O. Box Number is Not Acceptable) 3725 5. E. OCEAN BLVA.					
3601 SE OCEAN BLVD STE 202				3725 5.E. OCEAN 1564D.					
STUART FL 24996-3737				SUITE 100					
Olozali	2 21000 0101		City	0112	700	FL	Zin Care	0/-	
							344	1φ	
8. The above	named entity submits this statement for	the purpose of changing its	s registered office or	registered ag	ent, or both, in the State o	of Florida.			
_	•								
SIGNATURE .				<u>.</u>					
SIGNATORIE .	Signature, typed or printed name of registered agent as	nd title if applicable. (NOT	E: Registered Agent signat	are required when re	sinstating)	DATE			
9 This corne	ration is eligible to satisfy its intangible		!!! FEE IS \$150.		10. Election Campaign	n Financing	\$5.00	0 May Be	
	equirement and elects to do so.	After May 1, 20	After May 1, 2002 Fee will be \$550.00		Trust Fund Contrib			to Fees	
(See criter	ia on back)	Make Check Paya	ble to Departmen						
11.	OFFICERS AND I	DIRECTORS	12.	AC	DITIONS/CHANGES TO	OFFICERS AND			
TITLE	PSD	☐ Delete	TITLE				Change Change	☐ Addition	
NAME	LINO, LOUIS T		NAME	٠, ,	LAND ROAD	,		ļ	
STREET ADDRESS	3601 SE OCEAN BLVD., SUITE 20	02	STREET ADDRESS	6 15	CAND YORD	•			
CITY-ST-ZIP	STUART FL 34996-6737		CITY-ST-ZIP		<u> </u>		E# 0:		
TITLE	VTD	☐ Delete	TITLE				💢 Change	☐ Addition	
NAME	FISHER, SANDRA T		NAME	2505	S.E. OCEAN	BLVD 5	VITE /	00	
STREET ADDRESS	361 SE OCEAN BLVD STE 202	0	STREET ADDRESS	3/23	5.c. beenn	<b>U</b> -1-, -			
CITY-ST-ZIP	STUART FL 34996-3737	<u></u>	CITY-ST-ZIP					Addition	
TITLE		☐ Delete	TITLE						
NAME				B			Change	Addition	
STREET ADDRESS			NAME				☐ Glange		
STREET ADDRESS			STREET ADDRESS				Change	Addition	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	certify that the information supplied with	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ated in Section	119.07(3)(i). Florida Stati	utes. I further cer	☐ Change ☐ Change	Addition  Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under ball, that if all all offices of directors 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:

AMPRICOUR LOUIS LINO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02 56/- 223-/008 Dats Daytime Phone #