

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90148 005 ***150.00

DOCUMENT # P98000025875

1. Entity Name
S & J FOODS, INC.

Principal Place of Business
3601 SE OCEAN BLVD STE 202
STUART FL 34996-6737

Mailing Address
3601 SE OCEAN BLVD STE 202
STUART FL 34996-6737



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3725 S.E. OCEAN BLVD.

3. Mailing Address
3725 S.E. OCEAN BLVD.

Suite, Apt. #, etc.
SUITE 100

Suite, Apt. #, etc.
SUITE 100

City & State
SEWALL'S POINT, FL

City & State
SEWALL'S POINT, FL

4. FEI Number
65-0909132

Applied For
 Not Applicable

Zip
34996

Country
USA

Zip
34996

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LINO, LOUIS T
3601 SE OCEAN BLVD STE 202
STUART FL 34996-6737

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
3725 S.E. OCEAN BLVD.
SUITE 100
 City **FL** Zip Code **34996**

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) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSD
LINO, LOUIS T
3601 SE OCEAN BLVD., SUITE 202
STUART FL 34996-6737

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
6 ISLAND ROAD

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VTD
FISHER, SANDRA T
361 SE OCEAN BLVD STE 202
STUART FL 34996-6737

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
3725 S.E. OCEAN BLVD, SUITE 100

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

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

3/20/02
 Date

561-223-1008
 Daytime Phone #

CR2E034 (9/01)