

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90141 001 ***158.75

DOCUMENT # P98000041182

1. Entity Name

MR. MIKE'S GOURMET FOODS, INC.

Principal Place of Business

6553 46TH ST N
 SUITE #905
 PINELLAS PARK FL 33781
 US

Mailing Address

6553 46TH ST N
 SUITE #905
 PINELLAS PARK FL 33781
 US

2. Principal Place of Business

6551 44TH ST N.

Suite, Apt. #, etc.

SUITE # 5005

City & State

PINELLAS PARK, FL

Zip

33781

Country

USA

3. Mailing Address

6551 44TH ST N.

Suite, Apt. #, etc.

SUITE 5005

City & State

PINELLAS PARK, FL

Zip

33781

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3498705

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FRYER, JOAN M

6553 46TH STREET NORTH

SUITE #905

PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name

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

6551 44TH ST. N.

SUITE 5005

City

PINELLAS PARK

FL

Zip Code

33781

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	FRYER, MICHAEL A	
STREET ADDRESS	5400 95TH ST N, #224B	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	FRYER, JOAN M	
STREET ADDRESS	5400 95TH ST N, #224B	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Joan M. Fryer JOAN M. FRYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02 127
 320-1888

Date

Daytime Phone #

CR2E034 (9/01)