

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90480 003 ***150.00

DOCUMENT # P98000047130

1. Entity Name
J.J FOOD STORES INC

Principal Place of Business Mailing Address
1405 HIGHWAY 17 SOUTH 1405 HIGHWAY 17 SOUTH
BARTOW FL 33830 BARTOW FL 33830

UUU267JJ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0846229** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORAH, ABRAHAM
1405 HIGHWAY 17 SOUTH
BARTOW FL 33830

Name **JOSEPH JACOB**
 Street Address (P.O. Box Number is Not Acceptable)
1405 HWY 17 SOUTH
 City **BARTOW** FL Zip Code **33830**

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 DATE **3/15/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 **D KORAH, ABRAHAM** Delete
 STREET ADDRESS **1405 HIGHWAY 17 SOUTH**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE NAME **D JOSEPH JACOB** Change Addition
 STREET ADDRESS **1405 HWY 17 SOUTH**
 CITY-ST-ZIP **BARTOW, FL 33830**

TITLE NAME **D JOSEPH, LISY** Delete
 STREET ADDRESS **1120 LISA LANE**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
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TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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: Date **3/15/01** Daytime Phone # **863-533-5055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)