

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054815

1. Entity Name
FOODCO OF FLORIDA, INC.

Principal Place of Business
5791 N. UNIVERSITY CLUB BLVD., #402
JACKSONVILLE FL 32277

Mailing Address
P.O. BOX 47012
JACKSONVILLE FL 32247

2. Principal Place of Business
12015 COBBLEWOOD LN
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 47012
Suite, Apt. #, etc.

City & State
JACKSONVILLE FLA
Zip
32225
Country
DUVAL

City & State
JACKSONVILLE, FLA
Zip
32247
Country
DUVAL

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90010 031 ***150.00

053770



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3517725
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MEDLIN, KIMBLE A
5791 N. UNIVERSITY CLUB BLVD., #402
JACKSONVILLE FL 32277-1492

7. Name and Address of New Registered Agent

Name
KIMBLE MEDLIN
Street Address (P.O. Box Number is Not Acceptable)
12015 COBBLEWOOD LN
City
JAX. FLA.
FL
Zip Code
32225

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 Kimble A. Medlin President Kimble Medlin 4-27-01
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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEDLIN, KIMBLE A 5791 N. UNIVERSITY CLUB BLVD., #402 JACKSONVILLE FL 32277	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEDLIN, KIMBLE 12015 COBBLEWOOD LN NORTH JACKSONVILLE, FLA 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Kimble Medlin 4-26-01 904 636 0712
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0458521

CR2E034 (10/00)