2001 UNIFORM BUSINESS REPORT (UBR)

Jun 21, 2001 8:00 am DOCUMENT # P980000 61918 **Secretary of State** 05-23-2001 91193 039 ***150.00 Maxville Food Mart, Inc. Principal Place of Business 8788 Highway 3015. Mailing Address 8788 Highway 3015. Jacksonville, Fl. 32234 Jacksonville, Fl. 32234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Appricable Country Zip Country Zip \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 8788 Highway 301 South Zip Code 8. The above riamed entity submits this statement for the purpose of changing its legistered office or registered agent, or both, in the State of Florida. Signature, typed or conted name of registered agent and title if applicable DATE FILE NOW (!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 201 1 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payab to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Change Addition NAME Diana S. Mosley NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition TITLE TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE TITLE ☐ Change noitible A ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P TITLE Delete NUE Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for indicated on this report or supplemental report is true and accurate and that most of the corporation or the receiver or trustee empowered to execute this report or required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an extraction with an address, with all other like empowered. 13. I hereby certify that the information supplied with this filing does not qualify for

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