

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062488

1. Entity Name

FLEET FOODS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90147 032 ***150.00

Principal Place of Business

Mailing Address

4 EAST BAY ST
 JACKSONVILLE FL 32202
 US

4 EAST BAY ST
 JACKSONVILLE FL 32257-3765
 US

2. Principal Place of Business

10820 Blue Pacific Ct.
 Suite, Apt. #, etc.

3. Mailing Address

10820 Blue Pacific Ct.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3523229

Applied For

Not Applicable

Zip

32257

Country

USA

Zip

32257

Country

USA

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

GLASSMAN, BRUCE R
 2955 HARTLEY RD, SUITE 103
 JACKSONVILLE FL 32257

Name

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

City

FL

Zip Code

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, 2000 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 | D | <input type="checkbox"/> Delete |
| NAME | FLEET, MICHAEL G | |
| STREET ADDRESS | 10820 BLUE PACIFIC CT | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FLEET, BETH G | |
| STREET ADDRESS | 10820 BLUE PACIFIC CT | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:

Beth G. Fleet
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
 Date

(904) 292-1237
 Daytime Phone #

CR2E034 (9/99)