

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90704 001 ***150.00

DOCUMENT # P98000097008

1. Entity Name
SQUARE TREASURE FOODS, INC.



Principal Place of Business
**111 BANYAN ISLE DRIVE
WEST PALM BEACH FL 33418**

Mailing Address
**111 BANYAN ISLE DRIVE
WEST PALM BEACH FL 33418**



2. Principal Place of Business
114 WINDSOR POINTE DRIVE

3. Mailing Address
114 WINDSOR POINTE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PALM BEACH GARDENS, FL

City & State
PALM BEACH GARDENS, FL

4. FEI Number
65-0875952

Applied For
Not Applicable

Zip
33418

Country
U.S.A.

Zip
33418

Country
U.S.A.

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

**REED, MARK B
111 BANYAN ISLE DRIVE
WEST PALM BEACH FL 33418**

Name
REED, MARK B.
Street Address (P.O. Box Number is Not Acceptable)
114 WINDSOR POINTE DRIVE

City
PALM BEACH GARDENS, FL Zip Code
33418

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
3/11/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
REED, MARK
111 BANYAN ISLE DR.
WEST PALM BEACH FL 33418** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
REED, MARK
114 WINDSOR POINTE DRIVE
PALM BEACH GARDENS, FL. 33418** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GASTON, EDWARD
5132 E. CLUB WAY #103
STUART FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03 561-630-4601

Date Daytime Phone #

CR2E034 (10/02)