

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008073

1. Entity Name
W.S.J. FOODS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90043 022 ***150.00

752579



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2224 EAST UNIVERSITY AVE GAINESVILLE FL 32601		Mailing Address 2224 EAST UNIVERSITY AVE GAINESVILLE FL 32601	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3555105	☐ Additional ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DANIEL, THOMAS A 623 NORTH MAIN STREET GAINESVILLE FL 32601	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) City Zip Code
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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 not 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, JACQUELINE I 1422 SE 43 PL GAINESVILLE FL 32641 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, WILLIE C 1422 SE 43 PL GAINESVILLE FL 32641 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROACH, MICHAEL S 10502 NW 47 TERR GAINESVILLE FL 32653 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 indicates 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, changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: Willie Cunningham WILLIE CUNNINGHAM 04-25-01 (352) 377-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR21034 (10/00)