2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000048205

1. Entity Name

NELLIE'S DELI AND CATERING, II, INC.



FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90218 027 ***150.00

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| Suito, Act 4, etc. Suito, | Principal Place of Business 5085 COMMONWEALTH DR. SARASOTA FL 34242 | | Mailing Address 5085 COMMONWEALTH DR. SARASOTA FL 34242 | | | | | |
|--|---|---|---|---------------------------------------|--|-----------------------|---|--|
| City & State City & State City & State Country Zip Country S. Certificate of Status Desired Set 3.75 Additional Fee Required Set 7.5 Additional Fee Required | 2. Principal Place of Business | | 3. Mailing Address | | 3 10011001 III 10110 10111 00111 00111 00111 | (9,99, 1911 11511 01 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Zip Country Zip Country | Suite, Apt. | #, etc. | Suite, Apt#, etc = | | | G CHANGES | | |
| S. Certificate or status beside Fee Required Fe | City & State City & Sta | | City & State | | 4. FEI Number 65-0926336 | | | |
| HOGREVE, BRADLEY W 3700 S. TAMIAMI TRAIL STE. 201 SARASOTA F. 34239 8. The above named entity submits this statement for the outpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmliar with, and acc the obligations of registered agent and title if speciation. FILE NOW!!! FEE IS \$150.00 After May 1; 2005 Fee with los \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE NAME SIREST ADDRESS CITY-ST-2P FOHL, CRWIL SARASOTA FL 34242 17LE V.P. POHL, FREDDI J SARASOTA FL 34242 17LE NAME SIREST ADDRESS CITY-ST-2P Delete TILE NAME SIREST ADDRESS CITY-ST-2P TILE N | Zip | Country | Zip | Country | 5. Certificate of Status Desired | | | |
| HOGREVE, BRADLEY W 3700 S. TAMIAMI TRAIL STE. 201 SARASOTA FL 34239 6. The above named entity submits this statement for the ourpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the coligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the coligations of registered agent. FILE NOW!!! FEE IS \$150.00 ARE May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE POHL, CRWIL STIRET ADDRESS CITY-ST-2P TITLE MAME STIRET ADDRESS CITY-ST-2P TITLE NAME STIRET ADDRESS CITY-ST-2P TITLE NAME STIRET ADDRESS CITY-ST-2P Delete TITLE NAME STIRET ADDRESS CITY-ST-2P Delete TITLE NAME STIRET ADDRESS CITY-ST-2P TITLE NAME STIRET ADDRESS CITY-ST-2P TITLE NAME STIRET ADDRESS CITY-ST-2P Delete TITLE NAME STIRET ADDRESS CITY-ST-2P TITLE NAME STIRET ADDRESS CITY-ST-2P CHange Adv. ARE MAY STIRET ADDRESS CITY-ST-2P CHange Adv. Cha | | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered | Agent | | |
| SARASOTA FL 34239 City FL Zip Code 8. The above named entity submits this statement for the ourpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE FILE NOW!! FEE IS \$150.00 ARE' May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP POHL, CRWIL SOSS COMMON HEALTH DR SOSS COMMON HEALTH SOSS COMMON HEALTH SARASOTA FL 34242 U.P. POHL, FREDDI J SORMON HEALTH SOSS COMMON HEALTH SARASOTA FL 34242 Detete TITLE NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRES | | | | Name | | | } | |
| SARASOTA FL 34239 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent. SIGNATURE Signature Signatur | | • | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | |
| 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 acc the obligations of registered agent. SIGNATURE Signature, typed or printed name or registered agent and stills if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| SIGNATURE File NOW!!! FEE IS \$150.00 Signature, typed or printed name of registered agent and table if appointable spent and table if appointable spen | SARASO | SARASOTA FL 34239 | | | FI | Zip Code | | |
| ## PILE NOW!!! FEE IS \$150.00 ## After May 1, 2003 Fee will be \$550.00 ## Make Check Payable to Florida Department of State 10. | the obligati | ons of registered agent. | | | | ı familiar with, aı | nd accept | |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE POHL, CRWIL STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADD | | | t and title if applicable. (NOTE | E. Negisteled Agent signature redui | led when the state of the state | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S | After | May 1, 2003 Fee will be \$550.00 | | | . – | | | |
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| TITLE | NAME STREET ADDRESS | POHL, CRWIL 5035 COMMON HEALTH DR | ☐ Delete | NAME STREET ADDRESS | | } Change | Addition 3 | |
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| | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | NAME STREET ADDRESS CITY-ST-ZIP | Section 119 07/3/(i) Florida Statutas I further o | | Addition | |

of the corporation or the receiver or trustee empowered to execute 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: