

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055120

1. Entity Name

SUNWAY FOOD SALES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90037 036 ***150.00

Principal Place of Business 303 EAST GREENTREE LANE LAKE MARY FL 32746 668 LAMOKA CT. WINTER SPRINGS, FL 32708	Mailing Address 303 EAST GREENTREE LANE LAKE MARY FL 32708-3620 668 LAMOKA CT. → SAME
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 668 LAMOKA CT.	3. Mailing Address 668 LAMOKA CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WINTER SPRINGS FL	City & State WINTER SPRINGS FL
Zip 32708	Zip 32708
Country SEMINOLE	Country SEMINOLE

4. FEI Number 59-3580531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MIDDLEBROOKS, MARY V
303 EAST GREENTREE LANE
LAKE MARY FL 32746
668 LAMOKA CT.
WINTER SPRINGS, FL 32708**

7. Name and Address of New Registered Agent

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 *Mary V Middlebrooks* DATE *2/23/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																
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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: *Mary V Middlebrooks* **2/23/00** **407-333-0384**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)