

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072749

1. Entity Name

G & W FOOD STORES, INC.

Principal Place of Business

1910 W. KENNEDY BLVD.  
TAMPA FL 33606

Mailing Address

1910 W. KENNEDY BLVD.  
TAMPA FL 33606

2. Principal Place of Business

2340 W. Memorial Blvd

3. Mailing Address

2340 W. Memorial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip

Country

33815

Zip

Country

33815

FILED  
02 JUL -9 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SABA, WALID

1910 W. KENNEDY BLVD.

TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

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

2340 W. Memorial Blvd.

City

Lakeland

FL

Zip Code

33815

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

9/2/01

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE P  
NAME SABA, WALID  
STREET ADDRESS 1910 W. KENNEDY BLVD.  
CITY-ST-ZIP TAMPA FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 2340 W. Memorial Blvd  
CITY-ST-ZIP Lakeland FL 33815

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/01 (727) 946-8041

Date

Daytime Phone #

UBR  
FOR 2001  
& 2002

CR2E034 (5/01)

Florida Department of Revenue  
Division of corporations  
2001 Uniform Business Report

P99000072749

Dear Sir / Mrs.,

The principal place of business and the mailing address shown on the UBR form are different from the actual address. I have made the address change correction on the form. Mysteriously I received the second notice but not the first one. Due to improper mailing or misinformation, please accept the enclosed check for \$150.00 representing the annual fee for the 2001 Uniform Business Report.

~~Thank-you-for-your-understanding-and-cooperation.-If-additional-information-is-needed,~~  
please do not hesitate to write or call.

Sincerely,



Walid Saba  
President

FILED  
02 JUL -9 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA