## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000093278

DELI-FRESH FOODS, INC.

Principal Place of Business

Mailing Address

2545 ESTANCIA BLVD CLEARWATER FL 33761 3621 E. BAY STREET DULUTH GA 30096

. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

**FILED** Jan 24, 2001 8:00 am Secretary of State

01-24-2001 90061 050 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

City & State		Uity & State		4. FEI Number 52-2201039		Applied Fol	
					<b>32 223 1333</b>		Not Applicable
Žip	Country	Zip	Count	try	5. Certificate of Status Desired		<b>\$8.75</b> Additional Fee Required
6.	Name and Address of Current	Registered Agent		-	7. Name and Address of New Re	egistere	d Agent
				Name			
NATIONSCORP REGISTERED AGENTS, INC.							
NATIONSCORP REGISTERED AGENTS, INC. 526 E. PARK AVE.		Street Address	(P.O. Box Number is Not Acceptable)	)			
320 E. FAI	JU WAE'						

TALLAHASSEE FL 32301

Street Address (P.O. Box Number is Not /	Acceptable)			
Street Address (F.O. Box Number is Not /	Acceptable)			
City		FL	Zip Code	

8. The above named intity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible	FILE NOW!!! FEE:IS \$150.00.
Tax filing requirement and elects to do so.	After MAY 1, 2001 Fee will be \$550.00
(See criteria on back)	Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees

(ace cine	na on back)		Make Check Payabi	e to Department of State		Į.
11.			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 11	
TITLE	PCD		☐ Delete	TITLE	☐ Change	Addition
NAME	CICCARELLO, VINCENT A			NAME		
STREET ADDRESS	3621 E. BAY STREET			STREET ADDRESS		
CITY-ST-ZIP	DULUTH GA 30096-4822			CITY-ST-ZiP		
TITLE	D	•	Delete	TITLE	☐ Change	☐ Addition
NAME	MALMGREN, KURT L		• •	NAME		
STREET ADDRESS	522 S. INDEPENDENCE BL	.VD., #10	)4	STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH VA 23452			CITY-ST-ZIP		
TITLE	STD		Delete	TITLE	☐ Change	☐ Addition
NAME	KNOWLES, WAYNE H		• •	NAME		
STREET ADDRESS	3321 ALCOTT ROAD			STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH VA 23452	2		CITY-ST-ZIP		
TITLE			☐ Delete	TITLE	☐ Change	Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE			☐ Delete	TITLE	☐ Change	☐ Addition
NAME				NAME		J
STREET ADDRESS			_	STREET ADDRESS		
CITY-ST-ZIP			· -	CITY-ST-ZIP		
TITLE			Delete	TITLE	☐ Change	☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		}
CITY-ST-7IP				CITY-ST-7IP		i

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: