

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90007 026 \*\*\*550.00

**DOCUMENT # P99000108238**

1. Entity Name  
**PRIMESOURCE FOODSERVICE, INC.**

Principal Place of Business  
**916 W ADALEE STREET  
 TAMPA FL 33603**

Mailing Address  
**916 W ADALEE STREET  
 TAMPA FL 33603**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**903 W. MLK JR Blvd**

3. Mailing Address  
**903 W. MLK JR. Blvd.**

City & State  
**Tampa FL**

City & State  
**Tampa FL**

4. FEI Number  
**59-3614826**

Applied For  
 Not Applicable

Zip  
**33603**

Country  
**USA**

Zip  
**33603**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

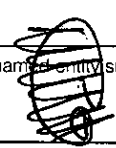
**6. Name and Address of Current Registered Agent**

**GOFF, GLENN T  
 916 W ADALEE STREET  
 TAMPA FL 33603**

**7. Name and Address of New Registered Agent**

Name **GOFF, Glenn T.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**916 W. Adalee St**  
 City **Tampa** FL Zip Code **33**

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  (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 \$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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOFF, GLENN T</b> <b>916 W ADALEE STREET</b> <b>TAMPA FL 33603</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOFF, MICHELLE</b> <b>916 W ADALEE STREET</b> <b>TAMPA FL 33603</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/5/01** Daytime Phone # **813-376-5111**

UC19-113 CR2E034 (5/01)