

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90085 034 ***150.00

0019815 AV

DOCUMENT # S62614

1. Entity Name
C P DELI, INC.

Principal Place of Business
% BEVERLY A SIDOR
3707 CRILL AVE
PALATKA FL 32177
US

Mailing Address
% BEVERLY A SIDOR
3707 CRILL AVE
PALATKA FL 32177
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3075630**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIDOR, BEVERLY A
3707 CRILL AVE
PALATKA FL 32177

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

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

(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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **P**
 STREET ADDRESS **SIDOR, BEVERLY A**
 CITY-ST-ZIP **3707 CRILL AVE**
PALATKA FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME **VP**
 STREET ADDRESS **JUNE, DEBBIE**
 CITY-ST-ZIP **RT 3 BOX 1659**
PALATKA FL

☒ Delete

TITLE
 NAME **VP/T**
 STREET ADDRESS **HARRY EAKEN**
 CITY-ST-ZIP **102 KIN LANE**
P.O. Box 421
HOLLISTER FL 32147

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME **S**
 STREET ADDRESS **Pam BROOKINS**
 CITY-ST-ZIP **101A FISH CREEK TRAIL**
PALATKA FL 32177

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME **D**
 STREET ADDRESS **RODELL DE VERONICA**
 CITY-ST-ZIP **102 ASH STREET**
INTERLACHEN FL 32148

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME **D**
 STREET ADDRESS **BEVERLY WESTBERRY**
 CITY-ST-ZIP **525 W. RIVER ROAD**
PALATKA FL 32177

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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: Beverly A. Sidor **BEVERLY A. SIDOR PRES.** 3/1/2002 (386) 325-3405
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)