2002 UNIFORM BUSINESS REPORT (UBR)

V20175 **DOCUMENT #**

1. Entity Name

SUPER CHOICE FOODS, INC.

Principal Place of Business 610 W. MEMORIAL BLVD. LAKELAND FL 33801			Mailing Address 610 W. MEMORIAL BLVD. LAKELAND FL 33801				יייטטט	u u		
CARCOAND	- 55071		Sulsand (1 400)							
2. Principal Place of Business			3. Mailing Address				l 1981) di 1919 ilgil sajan jibil ƙebol dişi bisis bibil	LI L EI OIDEI O	 	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State			City & State		50 - 2192776		oplied For			
Zip		Country	Zip	Coun	itry .	5. (.75 Add	ditional	
	~~ 6.* Name	and Address of Currer	t Registered Agent	·		- 7. N	Name and Address of New Registered Age	nt		
					Name					
BARKER, HAROLD E PA 5640 S FLORIDA AVE						Street Address (P.O. Box Number is Not Acceptable)				
	LUHIDA AVI D FL 33813									
					City		FL	Zip Cod	e	
8. The above	named entity	v submits this statement	for the purpose of changing its	registere	ed office or regist	tered ag	ent, or both, in the State of Florida.			
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SIGNATURE	<u> </u>	or printed name of registered age	(NOT	T. Canistan	d 6 and signature requisi	and whon so	einstating) DATE			
	Signature, typed	or printed name of registered age	nt and title it applicable. (NO)	E: Hegistere	d Agent signature requi	rea when re	einstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		EII E NOW	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St			/		1		
(See Cine	ria on back)	_	After May 1, 20	02 Fee	will be \$550.00		10. Election Campaign Financing Trust Fund Contribution. □		0 May Be I to Fees	
	ria on back)		After May 1, 20 Make Check Payal	02 Fee ble to De	will be \$550.00	tate	Trust Fund Contribution.	Ádded	I to Fees	
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13. Thereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

FILED

May 13, 2002 8:00 am Secretary of State 05-13-2002 90118 046 ***150.00