

# 2001 UNIFORM BUSINESS REPORT (UBR)

06-15-2001 90170 037 \*\*\*150.00

DOCUMENT # V57371

1. Entity Name

LETTUCE FEED YOU, INC.

Principal Place of Business

2736 EDISON AVENUE  
FT MYERS FL 33901

Mailing Address

2736 EDISON AVENUE  
FT MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0364059

Applied For

Not Applicable

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

BARNWELL, WILLIAM H.  
2736 EDISON AVE  
FT MYERS FL 33901

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 date 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, 2001 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 STREET ADDRESS CITY-ST-ZIP	D BARNWELL, WILLIAM H. 2736 EDISON AVENUE FT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

Bee Barnwell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 SEP 10 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

pg 1 of 2

6-11-01 941-334-1687

SEPT 6, 2001

pg 2 of 2

TO: MICHELLE MILLIGAN  
FROM: LETTUCE FEED YOU INC - V57371

MICHELLE WOULD YOU PLEASE REMOVE  
THE \$400.00 FEE FROM MY UNIFORM  
BUSINESS REPORT FOR LATE FILING.  
WE DID NOT RECEIVE THE FORM UNTIL  
SOMETIME IN MAY 2001. WE WOULD  
GREATLY APPRECIATE THE ABATEMENT OF  
THE LATE FEE, WE ARE JUST A SMALL  
MOM & POP RESTAURANT AND \$400.00  
MEANS A LOT TO US.

THANK YOU  
Dee Bannell  
LETTUCE FEED YOU INC.