

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90036 006 ***150.00

00031510



DO NOT WRITE IN THIS SPACE

DOCUMENT # V65377

1. Entity Name
PLANTATION FOOD SALES COMPANY

Principal Place of Business
**5104 N ORANGE BLOSSOM TRAIL
 #117
 ORLANDO FL 32810
 US**

Mailing Address
**33825 E LAKE JOANNA DR
 EUSTIS FL 32736-7223
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **57-0969804**

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

**STEWART, ALBERT S.
 33825 E LAKE JOANNA DR
 EUSTIS FL 32736**

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, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	STEWART, ALBERT S	
STREET ADDRESS	33825 E LAKE JOANNA DR	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	STEWART, LACRETIA A	
STREET ADDRESS	33825 E LAKE JOANNA DR	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Lacretia A Stewart*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-00

Date

407-298-0080

Daytime Phone #

CR2E034 (9/99)