

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90125 024 ***150.00

1002774 AV

DOCUMENT # V73501

1. Entity Name
STAHL'S FOOD CO.



Principal Place of Business
**1300 SOUTH FRENCH AVENUE
STE 3A
SANFORD FL 32771
US**

Mailing Address
**201 SWEETWATER BLVD N
LONGWOOD FL 32779-2514
US**



2. Principal Place of Business

3. Mailing Address

2630 Cara Lynn Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Longwood, FL

Zip

Country

Zip

Country

32779

USA

4. FEI Number **59-3147752**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STAHL, WALTER ALAN
201 N. SWEETWATER BLVD.
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name **Stahl, Walter Alan**

Street Address (P.O. Box Number is Not Acceptable)

2630 Cara Lynn Way

City **Longwood,**

FL

Zip Code

32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Walter Stahl**
Signature, typed or printed name of registered agent and title if applicable.

Walter Stahl, President 4/14/03
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **STAHL, WALTER ALAN**
STREET ADDRESS **201 N. SWEETWATER BLVD.**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President = P** ☒ Change ☐ Addition
NAME **Stahl, Walter Alan**
STREET ADDRESS **2630 Cara Lynn Way**
CITY-ST-ZIP **Longwood, FL 32779**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter Stahl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03
Date

407.869.1484
Daytime Phone #

CR2E034 (10/02)