

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90020 034 ***150.00

DOCUMENT # P94000038115

1. Entity Name

AMERICAS' PEANUT PRODUCTS CORPORATION

Principal Place of Business

MURDOCK PROF CTR
 1777 TAMiami TR., STE 508
 PORT CHARLOTTE FL 33948
 US

Mailing Address

MURDOCK PROF CTR
 1777 TAMiami TR., STE 508
 PORT CHARLOTTE FL 33948-4003
 US

2. Principal Place of Business

4125 ASTERIA TERRACE

Suite, Apt. #, etc.

3. Mailing Address

4125 ASTERIA TERRACE

Suite, Apt. #, etc.

City & State

NORTH PORT, FL

Zip **34287**

Country **USA**

City & State

NORTH PORT, FL

Zip **34287**

Country **USA**

4. FEI Number

65-0498594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, PATRICIA L
220 S. FRANKLIN ST.
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

T & H COMPTROLLERS INC.

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

312 E. VENICE AVENUE

SUITE 120

City

VENICE

FL

Zip Code

34292

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

TITLE **VDS** ☐ Delete
 NAME **DURAN, RAMIRO E**
 STREET ADDRESS **1777 TAMiami TRAIL., STE 508**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **P** ☐ Delete
 NAME **CHAVES, JUAN ALBERTO**
 STREET ADDRESS **1777 TAMiami TRAIL., STE 508**
 CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4125 ASTERIA TERRACE**
 CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **4125 ASTERIA TERRACE**
 CITY-ST-ZIP **NORTH PORT, FL 34287**

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMIRO DURAN, V.P.

Date

5/30/00

Daytime Phone #

(941) 423-8822

CR2 ETU-4 (9/11)