

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90161 026 ***150.00

DOCUMENT # 190704

1. Entity Name
HI-FLAVOR MEATS, INC.

Principal Place of Business
315 TUSKAWILLA RD
WINTER SPRINGS FL 32708
US

Mailing Address
P.O. BOX 620777
OVIDO FL 32762
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1055697**

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

ONDICK, ANNA
989 GREENTREE DRIVE
WINTER PARK FL 32789

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

Robbie R. Ondick

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, 2002 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
CD
ONDICK, EDWARD R
989 GREENTREE DR.
WINTER PARK FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
SD
ONDICK, ROBBIE R
989 GREENTREE DR.
WINTER PARK FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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 CITY - ST - ZIP
PD
ONDICK, ANNA J.
989 GREENTREE DR.
WINTER PARK FL ☐ Delete

TITLE
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 CITY - ST - ZIP
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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:

Robbie R. Ondick

1-17-02

407-365-5661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robbie R. Ondick; Secretary-Treasurer

Date

Daytime Phone #

CR2E034 (9/01)